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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200322235452

12/26/18--01027--003 **160.00

2018 DEC 26 AM 10: 42 SECRETARY OF STATE TALLAHASSEE TA

COVER LETTER

TO:	New Filing Section Division of Corporations			
CHR IE	MMK TopSell Properties LLC			
SUBJECT: Name of Limited Liability Company				
The encl	osed Articles of Organization and fee(s) are submitted	for filing.	
Please re	turn all correspondence concerning this	matter to the	following:	
	Rhonda Renee Floyd			
		Name of	Person	
	MMK TopSell Properties LLC			
		Firm/Co	ompany	
	342 Wahoo Rd			
		Addi	ess	
	Panama City Beach Florida 32408			
	RhondaFloyd929@gmail.com	City/State ar	d Zip Code	
		sed for future a	annual report notification)	
For furthe	r information concerning this matter, pl	ease call:		
	Rhonda Floyd	256	375-5123	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	00 Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
MMK TopSell Properties LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
342 Wahoo Rd	PO Box 27466
Panama City Beach FL 32408	Panama City Beach FL 32411
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent Rhonda Floyd	ered Agent. You must designate an individual or
Namo	2

Florida street address (P.O. Box NOT acceptable)

Florida

State

342 Wahoo Rd

Panama City Beach

City

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my diaties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

32408

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager AMBR AMBR	<u>Title:</u>	Name and Address:
AMBR Jeffrey Floyd 342 Wahoo Rd Panama City Beach FL 32408 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605 0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S. Jeffrey Floyd		ber
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of liling:		ror ri i
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Jeffrey Floyd	Sign This docu I am aware	urd of a member or an authorized representative of a member, ent is executed in accordance with section 605.0203 (1) (b). Florida Statutes, hat any false information submitted in a document to the Department of State
	<u> </u>	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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