

Division of Corporations

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To: Division of Corporations
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2nd Request

From: Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.
Account Number : I19990000015
Phone : (727) 461-1111
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**FLORIDA LIMITED LIABILITY CO.
MMLP PROPERTY LLC**

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
OF
MMLP PROPERTY LLC**

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ARTICLE I: NAME AND MAILING ADDRESS

The name of the Limited Liability Company is **MMLP PROPERTY LLC**, and its principal office and mailing address is 11440 - 4th Street East, Treasure Island, Florida 33706.

**ARTICLE II: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Gary W. Lyons, Esquire
311 South Missouri Avenue
Clearwater, Florida 33756

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


GARY W. LYONS, Registered Agent

ARTICLE III - MANAGEMENT

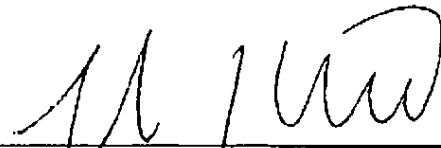
This Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed Company. The initial Managers shall be Michael Maranzana, 11440 - 4th Street East, Treasure Island, Florida 33706 and Magda Maranzana, 11440 - 4th Street East, Treasure Island, Florida 33706. Either one of the Managers shall be authorized to sign and bind the Company in all Company matters.

Prepared By:
McFarland, Gould, Lyons,
Sullivan & Hogan, P.A.
Gary W. Lyons, Esq.
FBN: 0268186
311 S. Missouri Avenue
Clearwater, FL 33756
(727) 461-1111

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IN WITNESS WHEREOF, the undersigned has executed these Articles
Organization for a Florida Limited Liability Company this 25th day of
June, 2019.



MICHAEL MARANZANA
Title: Authorized Representative

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(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, F.S.)

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