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### FLORIDA LIMITED LIABILITY CO. THE M&M SERVICES LLC

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#### **COVER LETTER**

	ew Filing Section Division of Corporations		
SUBJEC <sup>*</sup>	THE M&M SERVICES LLO	c .	
SCHALC		me of Limited Liability Company	
The enclo	sed Articles of Organization and	l fee(s) are submitted for filing.	
Please rett	ım all correspondence concernis	ng this matter to the following:	
	MARIA MONTERREY		
		Name of Person	<del></del>
			2020 HAR 16
	_	Firm/Company	
	7207 CROSSROADS GARD	EN DR APT 1109	F <u>1</u>
		Address	
	ORLANDO, FL 32821		<b>4: 47</b>
		City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notification)	
or further:	information concerning this matt	ter, please call:	
	MARIA MONTERREY	832 9807086 at ( )	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed:	s a check for the following amou	unt:	
□\$125.0	Filing Fee S130.00 Filing Certificate of S		tatus &
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32314	Tallahassee, FL 32303	

## H200000 840603

#### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

THE M&M SERVIC	ES LLC		
(Must const	tin the words "Limited	Liability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	office of the Limited Lit	ability Company is:
<u>Princips</u>	al Office Address:		Mailing Address:
7207 CROSSROADS	S GARDEN DR	7207 C	ROSSROADS GARDEN DR
APT 1109		<u>APT 11</u>	
ORLANDO, FL 328	321	ORLAI	NDO, FL 32821
·	·	d agent are:	
•	•	d agent are:	
•	MARIA MONTER	d agent are: REY	1109
•	MARIA MONTER	d agent are: REY Name	<del></del>
•	MARIA MONTER	d agent are:  REY  Name  S GARDEN DR APT	<del></del>
The name and the Florida street a	MARIA MONTER  7207 CROSSROAD  Florida street address	d agent are:  REY Name  S GARDEN DR APT  SS (P.O. Box NOT acce	ptable)

(CONTINUED)

### H200000 840603

### ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MARIA MONTERREY MGR 7207 CROSSROADS GARDEN DR APT 1109 ORLANDO, FL 32821 MICHELLE MONTERREY MGR: 7207 CROSSROADS GARDEN DR APT 1109 ORLANDO, FL 32821 (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 as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED 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.817.155, F.S.

Filing Fees:

Typed or printed name of signee

MARIA MONTERREY

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)