Division of Corporations

# Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICES OF CARRILLO & CARRILLO,

Account Number : 120060000049

Phone : (305) 460-6001

Fax Number

: (305)460-6002

Email Address: info@ Carrillolayyers. Com

## FLORIDA LIMITED LIABILITY CO. M&N BAUMANN LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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## L. COVER LETTER TO: **New Filing Section** Division of Corporations M&N BAUMANN LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Felix R. Carrillo, Esq. Name of Person Law Offices of Carrillo & Carrillo, P.A. Firm/Company 3676 S.W. 2nd Street Address Miami, FL 33135 City/State and Zip Code info@carrillolawyers.com E-mail address: (to be used for future annual report notification) For furthe: information concerning this matter, please call: Yvonne Villavicencio Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee **■\$130.00** Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

Certified Copy

(additional copy is enclosed)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR'	LICI	E I	- Na	me ·

The name of the Limited Liability Company is:

M&N BAUMANN LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Malling Address:

Mizmi Springs, FL 33166

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325 Reinette Drive Miami Springs, FL 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Law Offices of Carrillo & Carrillo, P.A.

Name

3676 S.W. 2nd Street

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

Miami Florida 33135
City State Zip

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..

Registered Agent's Signature (REQUIRED)

Felix R. Carrillo, Esq.

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Paul Baumann 325 Reinette Drive Miami Springs, FL 33166
<del>; · · · · · · · · · · · · · · · · · · ·</del>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the dat effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not	te of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.)  If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.)  If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many This document is executed a many false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.

Filing Fees:

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

\$ :0.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)