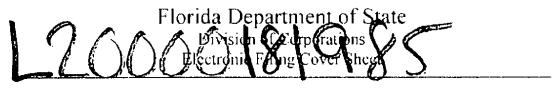
6/30/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000203831 3)))



H200002038313ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

FLORIDA LIMITED LIABILITY CO. MRM Focused Investments LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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7/6/2020 1:58:22 PM PAGE 1/001 Fax Server



July 6, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MRM FOCUSED INVESTMENTS LLC

REF: W20000069055

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name in article 1 and cover letter must match.,

If you have any further questions concerning your document, please call (850) 245-6052.

FAX Aud. #: H20000203831

Letter Number: 120A00013114

Tyrone Scott Regulatory Specialist II New Filings Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MRM Focused Investments 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:		Mailing Address:
9864 B	Brassie Bend		9864 Brassie Bend
Naples, Florida 34108		•	Naples, Florida 34103
	<u> </u>		

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:

David A. Minella	1	
	Name	
9864 Brassie Be	nd	
Florida street ad	dress (P.O. Box <u>NOT</u> acc	eptable)
Naples	Florida	34108
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. Thereby 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.

David A. Minella

By

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Daivd A. Minella, Minella Capital Management I.I.C. 9864 Brassie Bend Naples, Florida 34108		
· · · · · · · · · · · · · · · · · · ·			
			
(Use attachment if necessary)			
effective date is listed, the date must be sp te of filing.)	e of filing:		
CLE VI: Other provisions, if any.			

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 \$.817.155, F.S.

David A. Minella

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)