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(Re	questor's Name)	
		
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: M & M TOWING		
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:		
Mahogany Brown		
Name of Person		
MEM TOWING LLC		
Firm/Company		
1217 BLOUNTSTOWN ST		
Address		
Tallahassee Fl 32304		
City/State and Zip Code	~	
mmbodychop@yanoo.com)20	
E-mail address: (to be used for future annual report notification)	2020 DEC	•
For further information concerning this matter, please call:	29	
Manogany brown at (850) 524-6510	P# ?:	1
Wamt Person Area Code Daytime Telephone Number	_	
Fig.	0	
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 (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	l)	
Mailing Address Street Address		
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee		

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
M&M TOWING LLC (Must contain the words "Limited Liability)	Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
1217 BLOUNISTOWN ST	1217 BLOUNTSTAWN ST
TALLA HASSEE FL 32304	Tauahassee FL 32304
ARTICLE III - Registered Agent, Registered Office, & Regist	tered 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:

Mahogany BR	OMN	
1217 BLOUNISTON	IN ST	
Florida street address (P.O. Box <u>NOT</u>	acceptable)
Tallaltassee	FL	32304
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..

MUDGING BIOM

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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MICHAEL BROWN 127 BIOUNISTOWN ST
MGR	MANCAGNY BROWN 1217 BAGUNTSTOWN ST TALLAHASSEE FL 32304
(Use attachment if necessary)	
n effective date is listed, the date must	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed as retment of State's records.
FICLE VI: Other provisions, if any.	
	7976
REQUIRED SIGNATURE:	29 Pall 411 29
Signature This document is I am aware that a	a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes in the provided in a document to the Department of States and degree felony as provided for in s.817.155, F.S.
Mahda	and RANNIA
	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)