

L210000099889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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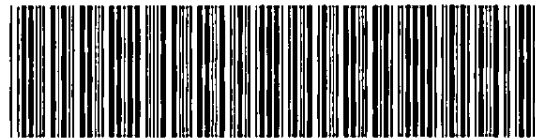
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/01/21--01028--001 **780.00

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2021 MAR -1 AM 9:37

TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 302 Louise Avenue, LLC.
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:

Name of Person
The Mattar Firm
Firm/Company
27499 Riverview Center Blvd. Suite 245
Address
Bonita Springs, FL 34134
City/State and Zip Code
info@themattarfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

239 222-2222
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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
Tallahassee, FL 32303

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2021 MAR 11 AM 9:37
TALLAHASSEE, FL
STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

302 Louise Avenue, 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:

2706 NW 41st PL

Cape Coral, Florida 33993

Mailing Address:

2706 NW 41st PL

Cape Coral, Florida 33993

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:

Michael Earl Mitchell

Name

2706 NW 41st PL

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

Cape Coral

Florida

33993

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)

(CONTINUED)

TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR +MGR

Michael Mitchell and Marie Collins Trustees of MMME Family Trust Dated February 15, 2021.

2706 NW 41st PL
Cape Coral, Florida 33993

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

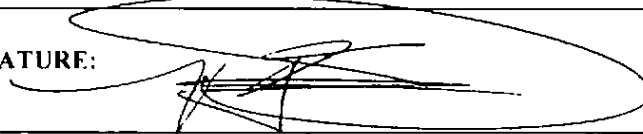
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Michael Earl Mitchell, TTE

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)

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CLAISSSEE, FL

CERTIFICATE OF TRUST

Michael Earl Mitchell and Marie Antoinette Collins being first duly sworn upon oath, depose and say:

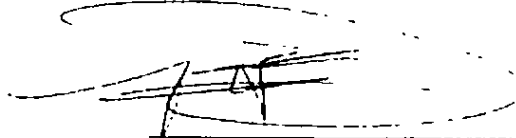
1. Affiants are the Trustees of the MMME Family Trust and as such have the authority to execute this Certificate.
2. This Certificate of Trust relates to the MMME Family Trust dated the 15th day of February, 2021.
3. The Grantors of the MMME Family Trust are Michael Earl Mitchell and Marie Antoinette Collins.
4. The social security number of the Grantors shall be used as the Taxpayer Identification number for the MMME Family Trust. That number is 388-80-3140 and 245-41-6372. No EIN number is needed until each grantor is deceased.
5. The names and addresses of the currently serving Co-Trustees of the MMME Family Trust are:

Michael Earl Mitchell, 2706 NW 41st Place, Cape Coral, Florida 33993
Marie Antoinette Collins, 2706 NW 41st Place, Cape Coral, Florida 33993
6. The MMME Family Trust is an irrevocable Pure Grantor trust.
7. If the Trust is in need of an additional Trustee or a Limited Purpose Trustee following the death of Marie Antoinette Collins, then Tawanda Garrison and Myles Veron Collins shall serve as successor General Trustees in the order named. If the Trust is in need of an additional Trustee or Limited Purpose Trustee following the death of Michael Earl Mitchell, then Floyd Edward Mitchell and Lemona St. Clair-Ferguson shall serve as successor General Trustees in the order named.
8. Pursuant to the terms of the Trust Agreement, any person may rely upon this Certificate of Trust as evidence of the existence of said Trust and is relieved of any obligation to verify that any transaction entered into by a Trustee or Successor Trustee thereunder is consistent with the terms and conditions of said Trust Agreement.
9. The proper manner for taking title to Trust property is:

Michael Earl Mitchell and Marie Antoinette Collins, Trustees of the MMME Family Trust dated February 15, 2021.
10. To the knowledge of the undersigned, there are no claims, challenges of any kind, or cause of actions alleged, which contest or question the validity of the Trust or trustee's/trustees' authority to act for the Trust.

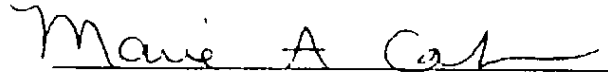
11. The other provisions of the Trust are of a personal nature and set forth the distribution of Trust property. They do not modify the powers of the Trustee.

Date: February 15, 2021



Michael Earl Mitchell

Date: February 15, 2021



Marie Antoinette Collins

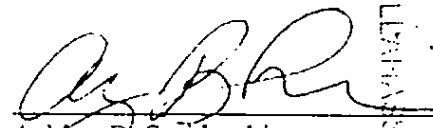
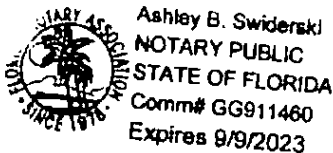
STATE OF FLORIDA
COUNTY OF LEE

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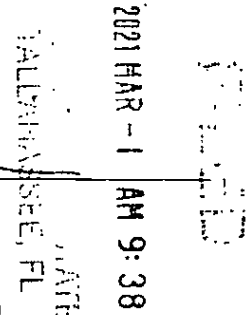
Acknowledged and subscribed before me, by means of ☒ physical presence or ☐ online notarization, this 15th day of February, 2021, by Michael Earl Mitchell, who is personally known to me.

Witness my hand and official seal.

[Seal]



Ashley B. Swiderski
Notary Public
Appointed in Lee County
Notary Number: GG911460
My commission expires: September 9, 2023



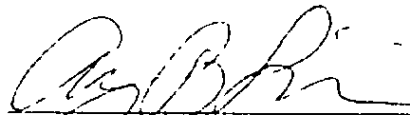
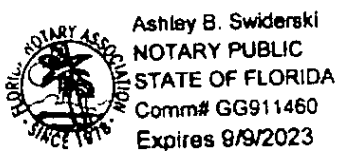
STATE OF FLORIDA
COUNTY OF LEE

) ss.
)

Acknowledged and subscribed before me, by means of ☒ physical presence or ☐ online notarization, this 15th day of February, 2021, by Marie Antoinette Collins, who is personally known to me.

Witness my hand and official seal.

[Seal]



Ashley B. Swiderski
Notary Public
Appointed in Lee County
Notary Number: GG911460
My commission expires: September 9, 2023