L21000154074

	(Requestor's Name)
-	(Address)
****	(Address)
	(City/State/Zip/Phone #)
☐ SICK-1	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer

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CRETARY OF STATE



Department of State

Division of Corporations

Date: 04/12/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

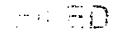
Company: Towne View Place LLC

Requester: Meridian Partners

Order: 13092462

COVER LETTER

	Filing Sec sion of Co	tion porations					
SUBJECT:	Towne	View Place LLC					
_		Na	me of Lim	ited Liabi	lity	Сотралу	
The enclosed	Articles of	Organization and	l fee(s) are	submitte	d for	filing.	
Please return a	all correspo	ondence concerni	ng this ma	tter to the	follo	owing:	
				Myron	Mcl	Veil .	
_				Name o	f Per	rson	
				DMMD Firm/C			
			10524 M	oss Park F	Road	Ste 204-260	
				Add	ress		
			<u>-</u>	Orlando,	FL :	32832	
			C	ity/State a	nd Z	ip Code	
			adn	nin@a-co	mmc	odity.com	<u></u>
	ŀ	E-mail address: (t	o be used	for future	annı	ual report notificati	on)
For further info	rmation co	ncerning this mat	ter, please	call:			
_	N	Ayron McNeil	at (321		465-7077	
	Nam	e of Person	Aı	rea Code		Daytime Telephone	e Number
Enclosed is a	check for t	he following amo	unt:				
□\$125.00 Fi	ling Fee	⊠\$130.00 Fili Certificate of		Certi	fied (0 Filing Fee & Copy opy is enclos e d)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		<u>e Address</u>				eet Address	
		iling Section				w Filing Section Di e Centre of Tallaha	
		on of Corporation ox 6327	15			e Centre of Taliana 15 N. Monroe Stree	
		assee, FL 32314				llahassee, FL 3230.	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | APR | 2 AM 8: 52

·	ompany, "L.L.C.," or "LLC.") Limited Liability Company is: Mailing Addr Same as Principal Address	
principal office of the	Limited Liability Company is: Mailing Addr	
dress:	Mailing Addr	
	· · · · · · · · · · · · · · · · · · ·	
-260	Same as Principal Address	
registration.)	· ·	lividual or
•		
Name		
oss Park Road Ste 20-	1-260	
reet address (P.O. Bo	(NOT acceptable)	
rlando FL	32832	
City State	Zip	
	e as its own Registered a registration.) e registered agent are: Myron M Name oss Park Road Ste 204 reet address (P.O. Box rlando FL City State	Myron McNeil Name oss Park Road Ste 204-260 reet address (P.O. Box NOT acceptable) rlando FL 32832

(CONTINUED)

<u> Title:</u>	Name and Address:	
"AMBR" = Authorized Memb	per	
"MGR" = Manager		
MGR	DMMD Holdings LLC	
	10524 Moss Park Road Ste 204-260	
	Orlando, FL 32832	
AMBR	Myron McNeil	
	10524 Moss Park Road Ste 204-260	
	Orlando, FL 32832	
AMDD	Diamal Vallon	<u>ن</u> الراقع ال
AMBR	Duamel Vellon 8563 Andover Bridge Ct	
	Orlando, FL 32829	- Jan I.,
	Ortando, I E 32029	<u> </u>
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		≥
(Lice attachment if necessary)		
(Use attachment if necessary)		
• •	an the date of filing:	IONAL)
EV: Effective date, if other th	an the date of filing: (OPT	IONAL) prior to or 90 da
EV: Effective date, if other the	an the date of filing: (OPT nust be specific and cannot be more than five business days	IONAL) prior to or 90 da
EV: Effective date, if other the ctive date is listed, the date is filling.)	nust be specific and cannot be more than five business days	prior to or 90 da
EV: Effective date, if other the ctive date is listed, the date of filing.) the date inserted in this block	does not meet the applicable statutory filing requirements, thi	prior to or 90 da
EV: Effective date, if other the ctive date is listed, the date of filing.) the date inserted in this block	does not meet the applicable statutory filing requirements, thi	prior to or 90 da
ctive date is listed, the date r f filing.)	does not meet the applicable statutory filing requirements, thi	prior to or 90 da
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EV: Effective date, if other the ctive date is listed, the date of filing.) the date inserted in this blockment's effective date on the Deeve of the continuous of the provisions, if any. REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, thi	prior to or 90 da

Filing Fees:

Typed or printed name of signee

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

MYRON MCNEIL

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)