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To:

Division of Corporations

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From:

Account Name : BELTRANO. & ASSOCIATES

Account Number : I20010000166 Phone : (561)799-6577 Fax Number : (561)799-6241

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

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## FLORIDA LIMITED LIABILITY CO. LMM III, LLC

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# ARTICLES OF ORGANIZATION OF LMM III, LLC

ARTICLE I - NAME

The name of the limited liability company is LMM III, LLC, ("company").

#### ARTICLE II - ADDRESS

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

Principal Office Address: 14617 63rd CT N Loxahatchee, FL 33470 Mailing Address: 14617 63rd CT N Loxahatchee, FL 33470

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Aldo Beltrano, Esq. 4495 Military Trail, Suite 107 Jupiter, FL 33458

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.

Aldo Beltrano, Esq. Registered Agent

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Louis Mercado, III 14617 63rd CT N Loxahatchee, FL 33470

### ARTICLE V - EFFECTIVE DATE

The effective date of the limited liability company shall be the date of filing.

#### ARTICLE VI - PURPOSE

The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the State of Florida.

**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 felory as provided for in s.817.155, FS.

Louis Mercado, III, AMBR