

L22000426436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

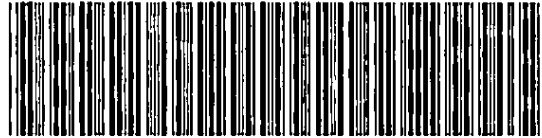
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LISA BRADEN, P.A.
4623 FOREST HILL BLVD., SUITE 108
WEST PALM BEACH, FLORIDA 33415
E-Mail: Attorneylisabraden@gmail.com
Telephone: (561) 641-1888

September 15, 2022

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, Florida 32303

BY OVERNIGHT MAIL

Re: Consent to Registration Under Similar Name
(L & M Administrative Services, LLC F/K/A
M & L Administrative Services, LLC)

Articles of Organization
(M & L Administrative Services, LLC)

Amendment to Articles of Organization
(L & M Administrative Services, LLC)

Registration Section

To Whom It May Concern:

Please find enclosed a original and one copy of the Consent to Registration Under Similar Name from M & L ADMINISTRATIVE SERVICES, LLC, to L & M ADMINISTRATIVE SERVICES, LLC.

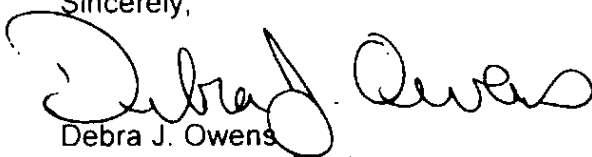
Second, you will find enclosed a original and one copy of the Articles of Organization for L & M ADMINISTRATIVE SERVICES, LLC along with a check in the amount of \$155.00 (filing and certified copy fee).

Also, you will find enclosed a original and one copy of the Amendment to Articles of Organization for L & M ADMINISTRATIVE SERVICES, LLC along with a check in the amount of \$55.00 (filing and certified copy fee).

After you have filed these two documents, please return the originals to my office.

If you have any questions, please give my office a call at the number listed above.

Sincerely,



Debra J. Owens
Assistant to Lisa Braden
Lisa Braden, P.A.

enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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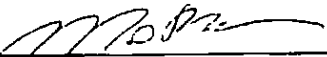
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CONSENT TO REGISTRATION UNDER SIMILAR NAME


The undersigned, being the sole manager and the sole member of L & M ADMINISTRATIVE SERVICES, LLC, formally known as M & L ADMINISTRATIVE SERVICES, LLC, hereby unanimously consents to the use of the name M & L ADMINISTRATIVE SERVICES, LLC, formed by Matthew L. Roos.

Signed this 15th day of September, 2022.

L & M ADMINISTRATIVE SERVICES, LLC F/K/A
M & L ADMINISTRATIVE SERVICES, LLC

BY: 
Matthew L. Roos,
Sole Manager

M & L INVESTMENT MANAGEMENT, LLC

BY: 
Matthew L. Roos
Manger/Member

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: M & L ADMINISTRATIVE SERVICES, 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:

Lisa Braden
Name of Person

Lisa Braden, P.A.
Firm/Company

4623 Forest Hill Blvd., Suite 108
Address

West Palm Beach, FL 33415
City/State and Zip Code

attorneylisabraden@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Braden 561 641-1888
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M & L ADMINISTRATIVE SERVICES, 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:

2406 Laguna Drive
Ft. Lauderdale, Florida 33316

Mailing Address:

2406 Laguna Drive
Ft. Lauderdale, Florida 33316

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:

Lisa Braden
Name

4623 Forest Hill Blvd., Suite 108
Florida street address (P.O. Box **NOT** acceptable)

<u>West Palm Beach</u>	<u>FL</u>	<u>33415</u>
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)

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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:

MGR

Matthew L. Roos

2406 Laguna Drive

Ft. Lauderdale, Florida 33316

(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.

Matthew L. Roos

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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TALLAHASSEE, FLORIDA

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