30001300

## Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit mumber (shown below) on the top and bottom of all pages of the document.

(((H23000106623 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

and the second s

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: MATHAISMERKWAN@GMAIL.COM

### FLORIDA LIMITED LIABILITY CO.

## M&M Interior Design & Custom Creations LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

DocuSign Envelope ID: 8DA74E7F-A9ED-49BF-BBEC-C28CFEAF180B

H23000106623

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name: The name of the Limited Liability Company is: M&M Interior Design & Custom Creations LLC (Must end with 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: Mailing Address: 4112 Red Fern Lane 4112 Red Fern Lane Lakeland, FL 33811 Lakeland, FL 33811 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: Melissa Merkwan Name 4112 Red Fern Lane Florida street address (P.O. Box NOT acceptable) Lakeland 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 (KHQUIRED) Melissa Merkwan (CONTINUED)

Page Lof2

H23000106623

DocuSign Envelope to: 8DA74E7F-A9ED-49BF-BBEC-C28CFEAF180B

H23000106623

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Melissa Merkwan
	4112 Red Fern Lane
	Lakeland, FL 33811
AMBR	Mathais Merkwan
	4112 Red Fern Lane
	Lakeland, FL 33811
<del> </del>	
effective date is listed, the date must be	ate of filing:
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)	ate of filing:
CLE V: Effective date, if other than the c	ate of filing:
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sections)	Docusioned by:  17/03/700801 0425.  member or an authorized representative of a member.  on 605.0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sections of the constitutes an affirmation of the constitutes an affirmation of the constitutes an affirmation of the constitutes are affirmation.	member or an authorized representative of a member.  on 605.0203 (1) (b). Florida Statutes, the execution of this document is under the penalties of periory that the facts stated herein are true.
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false.)	member or an authorized representative of a member. on 605.0203 (1) (b). Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false.)	member or an authorized representative of a member. on 605.0203 (1) (b). Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.