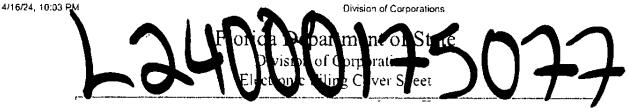
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO. Account Number : I20190000095 Phone (305)803-8471 Fax Number : (305)602-3977

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

client@alexpina.co Email Address:_

S. CHATHAM 2024
S. CHATHAM
Tee

FLORIDA LIMITED LIABILITY CO. **M2M Prime Properties LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M2M PRIME PROPERTIES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4944 SW 186TH WAY	4944 SW 186TH WAY
MIRAMAR, FL 33029	MIRAMAR, FL 33029

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:

ALEX PINA CO.		
	Name	
8400 NW 36TH ST	STE 450	
Florida street addres	s (P.O. Box <u>NOT</u> ac	rceptable)
DORAL.	FL	33166
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 oppointment 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)

ARTICLE IV-

Ta:

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

AMBR	MARIO ALBERTO MENDOZA 4944 SW 1861H WAY MIRAMAR, FL 33029
AMBR	MARIO JOSE MENDOZA 19250 SW 54TH ST MIRAMAR, FL 33029
	
·	
Use attachment if necessary)	

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any,

the document's effective date on the Department of State's records.

Mara & Markon

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Sajutes 1 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.

MARIO ALBERTO MENDOZA

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)

S 5.00 Certificate of Status (Optional)