

L24000249317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

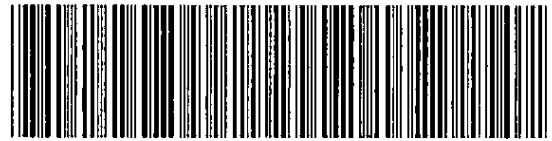
(Document Number)

Certified Copies _____

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Office Use Only



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2024 JUN -5 AM 9:47

STATE
TALLAHASSEE, FL

RECEIVED

2024 JUN -5 PM 3:25

STATE
TALLAHASSEE, Florida

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

AUTHORIZATION SIGNATURE: _____

MM CLINICS, LLC

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

X ___ Limited Liability

___ Domestication

___ CORP

___ LLLP

___ INC

AMMENDMENTS

___ Amendment

___ Resignation of Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

2024 JUN 25 AM 9:47
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STATE
FL

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OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Dissolution/_ Reinstatement/Revocation

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MM Clinics, 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:

Brett Isaac

Name of Person

Firm/Company

2151 university Blvd S

Address

Jacksonville, FL32216

City/State and Zip Code

Brett@isaactaxcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brett Isaac

904

730-9264

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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
CLERK OF STATE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MM Clinics, 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:

Mailing Address:

13898 Belle Riva Lane
Jacksonville, FL 32225

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:

Brett Isaac

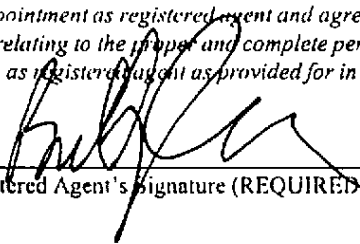
Name

2151 University Blvd S

Florida street address (P.O. Box **NOT** acceptable)

<u>Jacksonville</u>	<u>FL</u>	<u>32216</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:

Authorized Member

Majd Alnasr
13898 Belle Riva Lane
Jacksonville, FL 32225

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/05/2024

(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.

To Operate a wellness center.

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.

Majd Alnasr

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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2024 JUN -5 PM 4:47
STATE