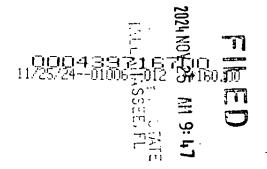
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(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: MMR Auto	f Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
7.10. 2010		
nojay nobi	Name of Person	
•		
<u> </u>	Firm/Company 😝	
1750 Latham	Pattay Address Address	
	Address	
West Palm Be	ach Florida 334NA # ≥	
Rojau Robinson E-mail address: (to be	City/State and Zip Code One on the control of the	
For further information concerning this matter, p	olease call:	
Royal Rabinson a	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of Statu		
Mailing Address	Street Address	
New Filing Section	New Filing Section Division	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
(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:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign: (The Limited Liability Company cannot serve as its own Registered Agent. You must		
another business entity with an active Florida registration.)	-	
The name and the Florida street address of the registered agent are:		
Kojay Kobinson		2024
Florida street address (P.O. Box NOT acceptable	<u>n</u>	2024 NOA 522
West Palm 71 33	HD9 55:	25
City State	Zip m	
Having been named as registered agent and to accept service of process for the above st place designated in this certificate, I hereby accept the appointment as registered agent of further agree to comply with the provisions of all statutes relating to the proper and com am familiar with and accept the obligations of my position as registered agent as provid	and agree to act in this capacity. plete performance of my duties, c	. Ži

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Jacquelyn Randolph Fallanossee 171 32201
	
(Use attachment if necessary)	of filing: (OPTIONAL) 25 ecific and cannot be more than five business days prior to or 90 days af
ine date of illing.)	neet the applicable statutory filing requirements, this date will not be liste
REOUIRED SIGNATURE:	Robert
This document is execu I am aware that any falso	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. Typed or printed name of signee

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

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 (Co. 1)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)