

MO8000003833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

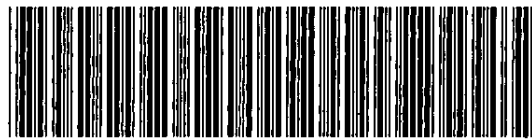
Special Instructions to Filing Officer:

A. LUNT

AUG 20 2008

EXAMINER

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2008 AUG 19 P 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MT Properties Investments
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Mark Allen True
(Name of Person)
MT Properties Investments
(Firm/Company)
9162 mill Grove dr
(Address)
Jacksonville, FL 32222
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mark True at (904) 379-3185
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. M.T. Properties Investments LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. State of Nevada 3. 26-2915743
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6-13-2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 7-24-2008
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 9162 mill Grove dr Jacksonville, FL
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Real estate
Investments

Mark True
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark True
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

MT Properties Investments

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Mark True
(Name)

9162 millgrove drive
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Jacksonville FL 32222
City/State/Zip

2008 AUG 19 P 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

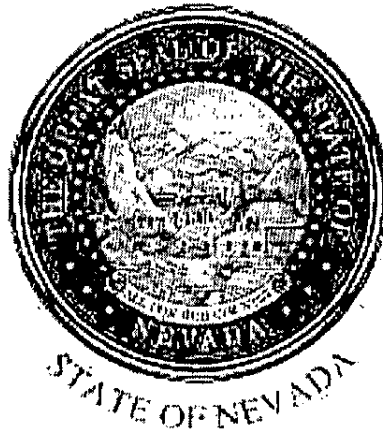
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 608, Florida Statutes.

Mark True
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **MT PROPERTIES INVESTMENTS, LLC** did on June 13, 2008, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 19, 2008.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State



By

A handwritten signature in black ink, appearing to read "Sandra A. Kraatz".


Certification Clerk



ROSS MILLER
Secretary of State
206 North Carson Street
Carson City, Nevada 89701-4299
(775) 684 5708
Website: secretaryofstate.biz

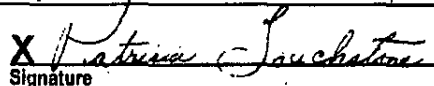
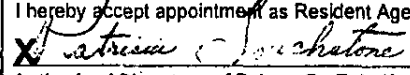
Articles of Organization Limited-Liability Company

(PURSUANT TO NRS 86)

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20080404270-07 Filing Date and Time 06/13/2008 7:55 AM Entity Number E0390792008-6
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: <i>(must contain approved limited-liability company wording; see instructions)</i>	MT Properties Investments, LLC		Check box if a Series Limited-Liability Company <input checked="" type="checkbox"/>
2. Resident Agent Name and Street Address: <i>(must be a Nevada address where process may be served)</i>	Patricia Touchstone Name 849 E. Aultman St. (MANDATORY) Physical Street Address Ely City PO Box 150877 (OPTIONAL) Mailing Address Ely City		Nevada 89301 Zip Code NV 89315 State Zip Code
3. Dissolution Date: <i>(OPTIONAL; see instructions)</i>	Latest date upon which the company is to dissolve (if existence is not perpetual):		
4. Management:	Company shall be managed by <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Members <i>(check only one box)</i>		
5. Name and Address of each Manager or Managing Member: <i>(attach additional page if more than 3)</i>	Mark True Name PO Box 150877 Address Ely City NV 89315 State Zip Code Name Address City State Zip Code Name Address City State Zip Code		
6. Name, Address and Signature of Organizer: <i>(attach additional page if more than 1)</i>	Patricia Touchstone Name 849 E. Aultman St. Address Ely City NV 89301 State Zip Code  Signature		
7. Certificate of Acceptance of Appointment of Resident Agent:	I hereby accept appointment as Resident Agent for the above named limited-liability company.  Authorized Signature of R.A. or On Behalf of R.A. Company 06/ 09 /08 Date		

This form must be accompanied by appropriate fees.

Revised September 2007
Revised February 2008