

LO3000033414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

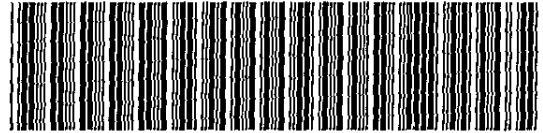
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/06/03--01056--002 **100.00

09/04/03--01013--008 **25.00

LO3: 33414
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 11, 2003

MICHAEL MOREJON
841 N. 68TH WAY
HOLLYWOOD, FL 33024

SUBJECT: THE MULTIMEDIA BUSINESS GROUP, LLC
Ref. Number: W03000022651

We have received your document for THE MULTIMEDIA BUSINESS GROUP, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 603A00045682

RECEIVED
SEP 3 PM 3:00

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MULTIMEDIA BUSINESS GROUP, 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:

MICHAEL MOREJON
(Name of Person)

THE MULTI-MEDIA BUSINESS GROUP, LLC
(Firm/Company)

841 N. 68th WAY
(Address)

HOLLYWOOD, FL. 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL MOREJON at (954) 394-3409
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
6 SEP 2 11 30
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE MULTI-MEDIA BUSINESS GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

841 N 68th WAY

HOLLYWOOD, FL. 33024

Mailing Address:

841 N. 68th WAY

HOLLYWOOD, FL. 33024

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MICHAEL MOREJON
Name

841 N. 68th WAY
Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD, FL 33024
City, State, and 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 608, F.S..

[Signature]
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MICHAEL MOREJON
841 N. 68TH WAY
HOLLYWOOD, FL 33024

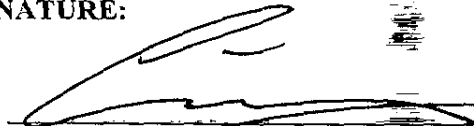
MGRM

CARLOS A. JIMENEZ
4962 SW. 166 AVENUE
MIAMI, FL 33027

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carlos A. Jimenez
Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

3-13-11 3:00 PM
FILED