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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

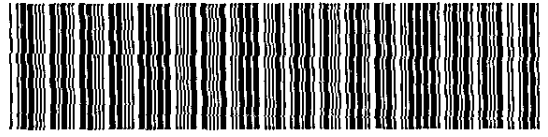
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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Regina Mundi Inc  
(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:

Priscilla Ejimofor  
(Name of Person)

Regina Mundi Inc  
(Firm/Company)

157 Lamson St  
(Address)

Jacksonville FL 32211  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ebere Raphaelle at 904) 724-8705  
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Regina mundi  
Limited Liability Company

ARTICLE II - Address:

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

Principal Office Address:

157 Lamson St  
Jacksonville  
Florida 32211

Mailing Address:

157 Lamson St  
Jacksonville  
Florida 32211

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

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

Ebere Raphaelle  
Name

157 Lamson St  
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32211  
City, State, and Zip

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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, F.S..*

Ebere Raphaelle  
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 Members

**Name and Address:**

Priscilla Ejimofe

851 Bert Road Apt 32  
Jacksonville FL 32211

Ebere Raphaelle

157 Lamson St  
Jacksonville FL 32211

Pauline Eke

3810 N. Davis St  
Jacksonville FL 32209

Hilda O Jones

904 W. 29th St  
Jacksonville  
FL 32209

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Ebere Raphaelle

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.)

Ebere Raphaelle

Typed or printed name of signee

**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)