

L05000118504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

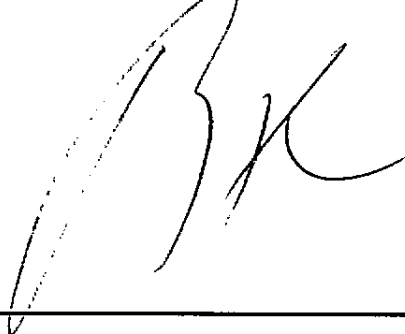
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



Office Use Only

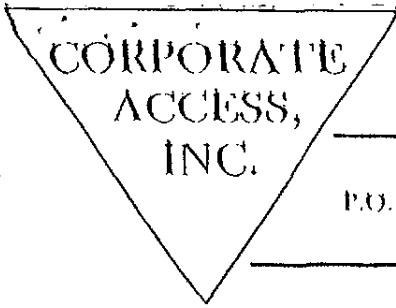


500061846135

12/13/05--01037--019 \*\*155.00

FILED  
05 DEC 13 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 DEC 13 AM 11:43  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



"When you need ACCESS to the world"

236 East 6th Avenue Tallahassee, Florida 32303  
P.O. Box 37066 (32315 7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP:

12/13/05 MM

FILED  
05 DEC 13 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- CERTIFIED COPY
- PHOTOCOPY
- CUS
- FILING

Articles of Organization

1. Manchkin, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
05 DEC 3 3 PH 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MUNCHKIN, 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:

5396 S.W. 80 STREET  
MIAMI, FLORIDA 33143

5396 S.W. 80 STREET  
MIAMI, FLORIDA 33143

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

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

TRESCOTT, DRUCKER & VASALLO, P.L.

Name

2605 PONCE DE LEON BOULEVARD

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

CORAL GABLES FL 33134

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..*

  
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:**

MGRM

Edward M. Weller, Sr., Trustee of the Edward  
Michael Weller, Sr. Trust, 5396 S.W. 80 ST.  
Miami, Florida 33143

MGRM

Betty M. Mortenson, Trustee of the Betty Marie  
Mortenson Trust, 5396 S.W. 80 Street  
Miami, Florida 33143

\_\_\_\_\_

\_\_\_\_\_

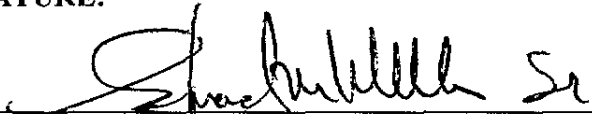
\_\_\_\_\_

\_\_\_\_\_

(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.)

Edward M. Weller, Sr. Trustee of Edward Michael Weller, Sr. Tru

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)**