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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS

C. LEWIS
FEB 1 3 2013
EXAMINER

(850) 245-6051.

TO:

Registration Section Division of Corporations

Fiighters Edge MMA Unlimited LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

The enclosed Afficies C	of Organization and fee(s) are	submitted for ming	j•	
Please return all corresp	pondence concerning this mat	ter to the following:	:	
Frwin N	Mosqueda			
		Name of Person		
		Firm/Company		
421 SV	V 7th Street			
·····		Address		
Miami ,	Florida 3313	30		
·		ty/State and Zip Code	;	
emosque	da33@gmail.com			
	E-mail address: (to be used	for future annual repo	ort notification)	
For further information	concerning this matter, please	e call:		
Erwin Mos	queda	_ _{at} 786	281-47	706
Name	of Person	Area Code	& Daytime Telep	hone Number
Enclosed is a check f	or the following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Co	ourier Address	

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
Filghters Edge MMA Unlimited LLC.		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
Erwin Mosqueda	Erwin Mosqueda	
421 SW 7th Street	421 SW 7th Street	
Miami, Florida 33130	Miami, Florida 33130	
	istered Office, & Registered Agent's Sig on Registered Agent. You must designate an individual of the registered agent are: Name	SECRETARY DIVISION OF C
		A REP
421 SW 7th Street		FOR S
Florida s	treet address (P.O. Box <u>NOT</u> acceptable)	SPORATION
	Miami, Florida 33130	6 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

N2 + 4 - 4 ARTICLE IV- Manager(s) or Managing Member(s):

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

		DIVISION OF CORFORATIO	
<u>Title:</u> "MGR" = Manager "MGRM" = Manag	Name and Address: Member	2013 FEB 12	AM II:
Manager	Erwin Mosqueda		
	421 SW 7th Street		
	Miami, Florida 33130		
MGRM	Lilliam Maria Vega		
	421 SW 7th Street		
	Miami, FL 33130		
(Use attachment if i	ssary)		
	other than the date of filing: 02/08/2013 the date must be specific and cannot be mo		,

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

> Erwin Mosqueda 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)