

**L0200002914C**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

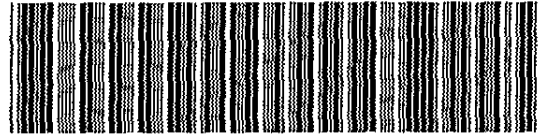
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**300008631983**

**300008631983**  
10/31/02-01078-001 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT 31 AM 9:29

**FILED**

*11/1  
alst*

# J.C. MOLINA & Co.

ACCOUNTING, TAX & FINANCIAL SERVICES  
BUSINESS MANAGEMENT EVALUATION

Miami, Florida

October 29, 2002

Department of State  
Division of Corporations  
Corporate Filings. P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Department of State:

Attached please find the Articles of Organization for Florida Limited Liability Company of M & M INVESTMENTS, L.L.C. and also a check for \$125.00 for filing fees.

Please sent us the certificate of incorporation

Sincerely,

  
JULIO C. MOLINA

**FILED**  
02 OCT 31 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8260 W. FLAGLER ST., SUITE 2-C • MIAMI, FL 33144  
PHONE: 305-559-9070 • FAX: 305-559-9036

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
M & M INVESTMENTS, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
13228 SW, 131ST STREET, MIAMI, FL. 33186

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

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

MOE	MALEKI
_____ Name	
13228 SW, 131ST STREET	
_____ Florida street address (P.O. Box <b>NOT</b> acceptable)	
MIAMI	FL 33186
_____ 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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

(An additional article must be added if an effective date is requested.)

\_\_\_\_\_  
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.)

 MOE MALEKI  
\_\_\_\_\_  
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)

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AUG 31 AM 9:29  
**FILED**