## L02000029535

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## ELLIOT P. KAPLAN

## **CERTIFIED PUBLIC ACCOUNTANT**

20521 Southwest 51" Street Ft. Lauderdale, Florida 33332-1022

TEL/FAX (954) 680-2876

October 30, 2002

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Gentlemen:

Enclosed please find my check for \$ 125.00 for the registration of Moto Equip LLC.

Very truly yours,

Elliot P. Kaplan

## 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liab	oility Company is:	,			
MOTO EQUIP LLC			* W		
ARTICLE II - Address:					
The mailing address and stree				mpany	' is:
8308 NW South River	r Drive, Medley,	FL. 33166-7422	!		
		0.75 1.4 2.4	G. =	0	
ARTICLE III - Registered	Agent, Registered Office	, & Registered Agent'	s Signatur	.e:⊻	
The name and the Florida stre	et address of the registere	d agent are:	<b>2</b> 7	3	-
The name and the Frontia stre	at address of the registere	a agont arc.	きる	~	-,1]
Ge	eorge J. Papas			4	1
	Name			<b>₽</b>	
r	308 NW South Rive	n Destro	53		$\mathbf{C}$
	Florida street address (P.O. Be		- 광급	£ 5	
			<b>&gt;-</b>	6	
	Medley,	FL 33166-7422			
	City, State, and	l Zip			
Having been named as registe	ared agent and to accept s	ervice of process for the	ahova stat	ed lim	itad
liability company at the place					ncu
registered agent and agree to					of all
statutes relating to the proper	<u> </u>		•		-
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accept the obligations of my p	Assistant de l'egistereu agen	ras providea jor in Che	<i>pier</i> 000, 1	.5.	
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<u>.</u>	Registered Agent's	Sprature	<del></del>		
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(An addition	nal article must be added in	f an effective date is rea	quested)		
	1, 04				
	prod 10				
Signature	of a member or all authorize	d répresentative of a men	aber.		
(In accor	rdance with section 608.408(3),	Florida Statutes, the execut	tion		
	ocument constitutes an affirmat facts stated herein are true.)	tion under the penalties of p	crjury		
mat the	racis stated herein are due.)				
G <sub>6</sub>	eorge J. Papas				
	Typed or printed nar	ne of signee		•	
	A J pour or princed has	ne or dignee			
	Filing Fees:				
	00.00 Filing Fee for Articles				
	25.00 Designation of Register				
\$ \$	30.00 Certified Copy (Option 5.00 Certificate of Status (O				
Ţ	THE PERSON OF PERSON OF	Livini			