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## TRANSMITTAL LETTER

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Registration Section

Division of Corporations

OFMENOVENOURES LLC SEGRETARY OF STATE TALLAHASSEE, FLORIDA

Moniventures LLC

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:

licejane Lippner

(Firm/Company)

7535 La Paz Court #304 (Address)

For further information concerning this matter, please call:

icejane Lippner at (561) 394-4204

Avanue 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

8/13/03 check enclosed \$125: \$100 filing fee \$25 agent designation

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ARTICLES OF ORGANIZATION FOR I	FLORIDALIMITEDIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:  Moniventures L	O3 AUG 19 THE MONIVENTURES LL.  : INTERNATION OF STATE MONIVENTURES LL.  : LC
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7535 La Paz Court #304 Boca Raton, FL 33433	<u>Same</u>
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	
Alicejane Li	ppner
Name	,
7535 LaPaz (	eurt #304
Florida street address (P.	· · · · · · · · · · · · · · · · · · ·
Boca Ration	FL 33433
City, State,	and Zip
liability company at the place designated in this registered agent and agree to act in this capacit	accept service of process for the above stated limited certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Not applicable 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 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** 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.) 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)