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DIVISION OF CORPORATIONS
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**TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY**

December 31, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: MOGULL GROUP, LLC

Enclosed is an original and one (1) copy.

The original is to be filed in your office and the copy certified and returned to this office in the self-addressed stamped envelope that is enclosed. Also please find enclosed a check in the amount of \$160.00 representing the following fees.

\$100.00 Filing fee for Articles of Organization and Affidavit
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy
\$ 5.00 Certificate of Status
\$160.00

FROM: MERRILL A. BOOKSTEIN, COUNSELOR AT LAW, P.A.

Name (Printed or typed)

2499 Glades Road, Suite 308

Address

Boca Raton, Florida 33431

City, State and Zip

(561) 361-9454

Daytime Telephone number

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOGULL GROUP, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**4715 Palm Beach Point Blvd.
Wellington, FL 33414**

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

**Merrill A. Bookstein
Counselor at Law, P.A.
2499 Glades Road, Suite 308
Boca Raton, FL 33431**

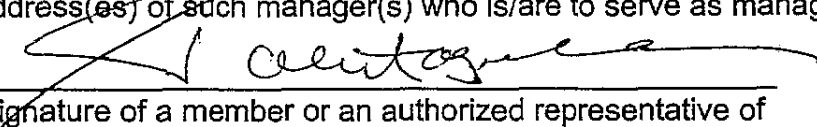
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 609, F.S.



Registered Agent's Signature

ARTICLE IV - Management: (Check Box if applicable)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:



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.)

IVAN MOGULL

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)

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