

L04000041074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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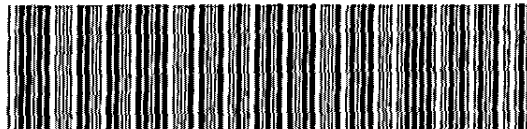
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

J. BRYAN JUN -2 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOE'S RED BUG 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:

KANWAL K. KAPUR
(Name of Person)

KANWAL K. KAPUR, CPA
(Firm/Company)

25 WINTHROP DRIVE
(Address)

WOODBURY, NY 11797-1334
(City/State and Zip Code)

For further information concerning this matter, please call:

KANWAL K. KAPUR, CPA at (516) 367-3227
(Name 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

FILED
2004 MAY 25 AM 8:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 MAY 25 AM 8:39
SHUCHEN CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOE'S RED BUG LLC

ARTICLE II - Address:

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

Principal Office Address:

2388 TITAN ROW

ORLANDO, FL 32809

Mailing Address:

2388 TITAN ROW

ORLANDO, FL 32809

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

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

NICHOLAS TRIMARCHE

Name

2388 TITAN ROW

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO,

FLORIDA 32809

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

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

Name and Address:

MGRM

NICHOLAS TRIMARCHE

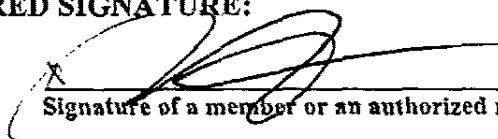
10009 CANOPY TREE CT.

RLANDO, FL 32836

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

NICHOLAS TRIMARCHE

Typed or printed name of signee

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2004 MAY 25 AM 8:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA