# L04000041473

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200037037642

05/27/04--01020--015 \*\*125.00



#### LAW OFFICES

#### SAMUEL R. DANZIGER

PROFESSIONAL ASSOCIATION 6701 SUNSET DRIVE SUITE #104 MIAMI, FLORIDA 33143 TELEPHONE: (305) 661-7211 FACSIMILE: (305) 661-7267

May 25th, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: MC Investments, LLC

Gentlemen:

I enclose Articles of Organization for MC Investments, LLC with a check for \$125.00. Please file same and return the copy to me "file" stamped.

SAMUEL R. DANZIGER

SRD/ade Encl.

### TRANSMITTAL LETTER

TRANSMITTAL LETTER	Elly A
TO: Registration Section Division of Corporations	BUNASCE CONSTRUCTIONS
SUBJECT: MC INVESTMENTS, LLC	Company 4.
(Name of Limited Liability Company)	College Se
The enclosed Articles of Organization and fee(s) are submitted for filing.	4.2
Please return all correspondence concerning this matter to the following:	
SAMUEL R. DANZIGER, ESQ. (Name of Person)	
SAMUEL R. DANZIGER, P.A.	
(Firm/Company)	<b>-</b>
6701 SUNSET DRIVE - SUITE 104	
(Address)	<del></del>
MIAMI, FLORIDA 33143	
(City/State and Zip Code)	· · · · · · · ·
For further information concerning this matter, please call:	
•	•
SAMUEL R. DANZIGER at (305 ) 661-7211 (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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

186 W	
AND PAY	40

ARTICLE I - Name	Aì	RTI	$\mathbf{CI}$	$\mathbf{E}$	Ι.	- N	lai	me	е:
------------------	----	-----	---------------	--------------	----	-----	-----	----	----

The name of the Limited Liability Company is:

MC INVESTMENTS, LLC			
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	the principal c	ffice of t	_ the Limited Liability Company is:
Principal Office Address:		Mailing	z Address:
12060 SW 99th Street		12060	SW 99th Street
MIAMI, FL 33186		MIAMI,	FL 33186
<del>,</del>			
ARTICLE III - Registered Agent, Regis The name and the Florida street address of			
MIGUEL CERVERA			
ן	Name		
12060 SW 99th St Florida street addres		T acceptal	ble)
MIAMI		RIDA 3	33186
City, S	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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or M The name and address of each Ma	Ianaging Member(s): nager or Managing Member is as follows:	ALON AND AND AND AND AND AND AND AND AND AN
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	ON SURVEY ON THE SERVICE ON THE SERV
MGR	MIGUEL CERVERA 12060 SW 99th Street Miami, FL 33186	
(Use attachment if necessary)		
NOTE: An additional article m	ust be added if an effective date is request	ed.
REQUIRED SIGNATURE: Signature of a member of	elucia / or an authorized representative of a member.	. •
(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)	
MIGU	JEL CERVERA	_

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)

Typed or printed name of signee