

LO4000049643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

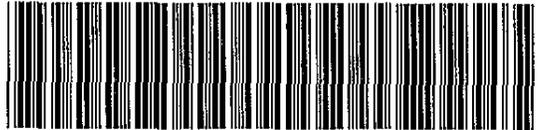
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL - 1 AM 10: 57

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

JOSEPH L MORALES
Name of Person

MORALES ENTERPRISES L L C
Firm/Company

52 CAPE DR
Address

FT WALTON BEACH FL 32548
City, State, and Zip Code

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For further information concerning this matter, please call:

JOSEPH MORALES at (850) 315-0525
Name of Person Area Code and Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 24, 2004

JOSEPH L MORALES
52 CAPE DR.
FT. WALTON BEACH, FL 32548

SUBJECT: MORALES ENTERPRISES L L C
Ref. Number: W04000021391

We have received your document for MORALES ENTERPRISES L L C. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

I'm sorry I was unable to reach you by phone. I left several messages, but no one returned my calls.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 804A00041695

Brenda,

please check your # for us

HM 850-315-0525

cell 850-225-0056

We Never Received Any call from your
Office

Thank you

Joseph

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DIVISION OF CORPORATIONS
04 JUL -1 AM 10:57

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

ARTICLE I Name:
The name of the Limited Liability Company is:

MORALES ENTERPRISES L L C

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

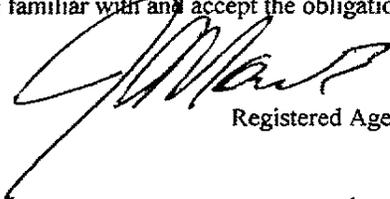
Principal Office Address:	Mailing Address:
52 CAPE DR FT WALTON BEACH FL 32548	52 CAPE DR FT WALTON BEACH FL 32548

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

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

Name
JOSEPH L MORALES
Florida street address (P O Box NOT acceptable)
City, State, and Zip
52 CAPE DR
FT WALTON BEACH FL 32548

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, F. S.


Registered Agent's Signature

CONTINUED

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 Membe

Name and Address:

MGR JOSEPH L MORALES

JOSEPH L MORALES
52 CAPE DR
FT WALTON BEACH FL 32548

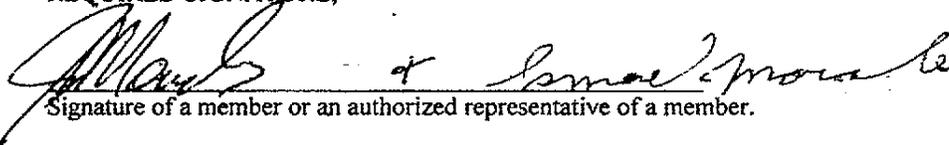
MGRM ISMAEL MORALES

ISMAEL MORALES
201 LAKESIDE LANE
MARY ESTHER, FLA 32569

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

Article V The effective date shall be upon filing with the Secretary of State.

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.)

Typed or printed name of signee

JOSEPH L MORALES

ISMAEL MORALES