

L04000054156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

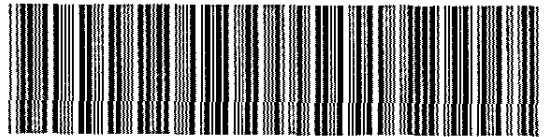
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600039331026

04 JUL 21 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
7/9/21

03 JUL 21 PM 2:50
RECEIVED
STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials



CORPORATION SERVICE COMPANY

EFFECTIVE DATE
7/19/04
04 JUL 21 PM 5:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 814354 10463A

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : July 21, 2004

ORDER TIME : 12:31 PM

ORDER NO. : 814354-005

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.S. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: MOCON, LLC

EFFECTIVE DATE: 7/19/2004

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
MOCON, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is MOCON, LLC.

ARTICLE II

This limited liability company shall become effective on JULY 19, 2004, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 1501 S. Flagler Dr., West Palm Beach, FL 33401. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is BLAINE C. DICKENSON, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

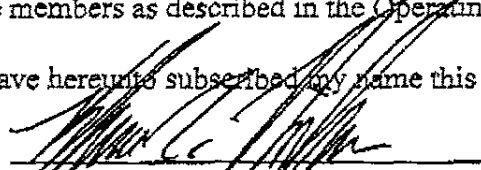
ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company. The Initial Managing member will be Frank Green, 1501 S. Flagler Dr., West Palm Beach, FL 33401.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 21st day of July, 2004.


BLAINE C. DICKENSON, Authorized
Representative of the Managing Member

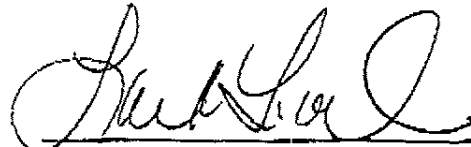
FILED
JUL 21 PM 5:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 21st day of July, 2004, by BLAINE C. DICKENSON, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath.

Executed this 21st day of July, 2004.



Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **MOCON, LLC**, a Florida Limited liability company, with its office at 1501 S. Flagler Dr., West Palm Beach, FL 33401, has named **BLAINE C. DICKENSON**, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408, as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: 

BLAINE C. DICKENSON
Registered Agent

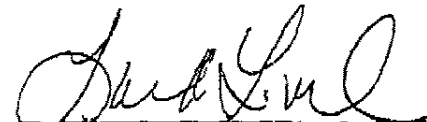


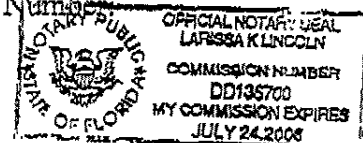
STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 21st day of July, 2004 by **BLAINE C. DICKENSON**, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath.

Executed this 21st day of July, 2004.


Signature of Notary
Printed Name: **LARISSA K. LINCOLN**
My Commission Expires:
My Commission Number:



LLArticlesMOCONBCD.doc