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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	lv



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WOY-26903 J. BRYAN JUL 1 4 2004.

J. BRYAN JUL 23 2004

TRANSMITTAL LETTER

SUBJECT: Moic, LLC		
(Name of	Limited Liability Company)	0 0
		艺艺生了!
The enclosed Articles of Organization and fee(s	s) are submitted for filing.	12 2 C
Please return all corres	spondence concerning this matter to the following:	ASS. W.C.
Michelle A. Tobon		ON ALAHASEE, FLORIONS
moreover report	(Name of Person)	- 62 2
	(Carrie of A disease)	TO AS
Moic, LLC		, -
	(Firm/Company)	
5504 NW 86 Way		
	(Address)	
Coral Springs, FL 33067		
	(City/State and Zip Code)	_
For further information concerning this matter,	please call:	
Michelle A. Tobon	at (_954752-8090	
(Name of Person)	(Area Code & Daytime Telephone Number	er)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations

TO:

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



July 14, 2004

MICHELLE A. TOBON MOIC, LLC 5504 NW 86 WAY CORAL SPRINGS, FL 33067

SUBJECT: MOIC, LLC

Ref. Number: W04000026903

We have received your document for MOIC, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 504A00044848

Joey Bryan Document Specialist AND STANDARDAS

MICHELLE A. TOBON MOIC, LLC 5504 NW 86 WAY CORAL SPRINGS, FL 33067

TALIST CAPORATIONS

July 19, 2004

Mr. Joey Bryan, Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Ref. #W04000026903

Dear Mr. Bryan:

We are receipt of your letter dated July 14, 2004, regarding our document must contain a registered agent. Enclosed please find the completed portion as per your request along with a check for \$25.00, Designation of Registered Agent.

Should you require additional information, please call me at (954) 752-8090.

Tobon

Very truly yours,

Michelle A. Tobon

Enclosures

JBFDOS71904

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

00	2004 SU	^) (2)	156 149.0
ν,	AHASSK.	000	(E) 14 9:00 NONE

ARTICLE I - Name: The name of the Limited Liability Company is	:
Moic, LLC	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
5504 NW 86 Way	Same
Coral Springs, FL 33067	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

5504 NW 86 Way

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

Coral Springs FLORIDA 33067

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 Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Michelle A. Tobon	
	5504 NW 86 Way	
	Coral Springs, FL 33067	
MGRM	Maurice Tobon	
And the state of t	5504 NW 86 Way	
	Coral Springs, FL 33067	
	· · ·	
(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.)

Michelle A. Tobon

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)