

L04000054549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

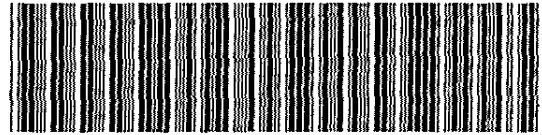
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/12/04--01009--011 **135.00

07/23/04--01021--001 **25.00

FILED
2004 JUL 22 AM 9:02
DEPT. OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-26903
J. BRYAN JUL 14 2004

J. BRYAN JUL 23 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moic, 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:

Michelle A. Tobon
(Name of Person)

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 (954) 752-8090
(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 JUL 22 AM 9:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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 signed 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.

Joey Bryan
Document Specialist

Letter Number: 504A00044848

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2004 JUL 22 AM 9:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 JUL 22 AM 9:0-
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

Very truly yours,


Michelle A. Tobon

Enclosures

JBFDOS71904

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

FILED
2004 JUL 22 AM 9:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Moic, LLC

ARTICLE II - Address:

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

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:

Maurice Tobon

Name

5504 NW 86 Way

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

Coral Springs,

FLORIDA

33067

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

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2004 JUL 22 AM 9:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Michelle A. Tobon

5504 NW 86 Way

Coral Springs, FL 33067

MGRM

Maurice Tobon

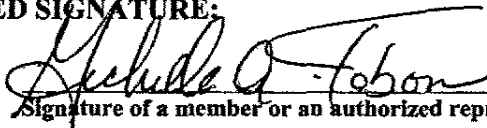
5504 NW 86 Way

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)