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SECRETARY OF STATE

WU-936233

TRANSMITTAL LETTER

	Registration Section Division of Corporations
SUBJEC	r: <u>MODSH PILLOW. COM LLC</u> (Name of Limited Liability Company)
	Carried States and Sta
The encl	sed Articles of Organization and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	STEVE BERKE (Name of Person)
	(Name of Person)
	MOOSH PILLOW. COM (Firm/Company)
	(Firm/Company)
	1400 NE MIAMI GARDENS DR. SVITE 210
	1400 NE MIAMI GARDENS DR. SVITE 210 (Address)
	NORTH MIAMI BEACH, FL 33179 (City/State and Zip Code)
For furth	r information concerning this matter, please call:
	STEVE BERKE at (305) 947 7744 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount: ARR DE CARRESTA
Ø \$125.0	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:								
MOOSHPILLOW. COM LLE								
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of	f the Limited Lia	bility Company is	s:				
Principal Office Address:	Mailing Add	ress:						
1400 NE MIAMI GARDEN DRIVE JUI NOATH MIAMI BETHUN, FL 23175	TE 210	SAMC						
ARTICLE III - Registered Agent, Registered	Office, & Reg	istered Agent's	Signature:					
The name and the Florida street address of the re	egistered agent	are:						
STEVE Name	BERKE							
1400 NE MIAM GAI Florida street addi North Mitting Beach City, State, as								
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	nis certificate, I i . I further agree formance of my tered agent as p	hereby accept the e to comply with to	appointment as he provisions of a formiliar with and	all				
Registered Agent's			DEC 20 RETARY I					
(CONTINI	T FD \		PM 1: 05 PF STATE FLORIDA	j				

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Na	me and Address:		
"MGR" = Manag	ger			
"MGRM" = Mar	aging Member			
MGR		CTEVE BEDVE		
7		STEVE BERKE	0 1 2 2 C A	12/
		1400 NE MIAMI GA NOMH MIAMI BEHLH, FL	22.20	., 4 010
		NOMH MIAMI BEHEA, FL	- 33/19	
				
				
				
				
				
			<u> </u>	
				
(Use attachment	if necessary)			
(Obo demonstrations				
NOTE: An add	itional article must be adde	d if an effective date is requeste	ed.	
REQUIRED SI	GNATURE:			
-				
	Cf A.	<i>^</i>		
	J- Be	, 		
	Signature of a member or an ar	thorized representative of a member.	· •	
	(In accordance with section 608.4	108(3), Florida Statutes, the execution		
	of this document constitutes an at	ffirmation under the penalties of perjury		
	that the facts stated herein are t	rue.)	= ~	
	STEVE	BERKE nted name of signee		
	Typed or pri	nted name of signee	AS S	-77
			関い	* 1
Filing Fees			2004 DEC 20 PM 1: SECRETARY OF STA ALLAHASSEE, FLOR	
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