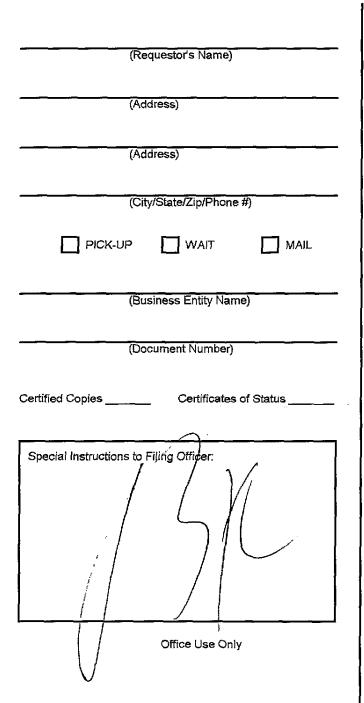
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L'AZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 58	52-5973
	Office Use Only
CORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
1. MODABI HOLDI	Office Use Only OCUMENT NUMBER(S), (if known): (Document #)
2.	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	
Walk in Pick up time	
Mail out Will wait	Photocopy Certificate of Status
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A., Officer/Director
Domestication	Change of Registered Agent Dissolution/Withdrewal
Other .	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark Other
	Examiner's Initials

CR2E031(7/97)

NY

ARTICLE 1 - Name: The name of the Limit	ted Liability Company is:
Moda	bi Holdings, L.C.
ARTICLE II - Addre	,
The mailing address ar	nd street address of the principal office of the Limited Liability Co
4960 5	D. Mand Avenue Suite 400 gu g
miami,	D. 72nd Avenue Suite 400 F. 33155
	stered Agent, Registered Office, & Registered Agent's Signatu
	Same a company of the contract
The name and the Flor	rida street address of the registered agent are:
	theynaldo Diaz
	4960 Sw. Name 1960 Sw. Nand Avenue Svite 400
	Florida street address (P.O. Box NOT acceptable)
	Missoni, PC 3315TFL City, State, and Zip
	City, State, and Lip
Having been named a:	s registered agent and to accept service of process for the above states
liability company at th	e place designated in this certificate, I hereby accept the appointment
	in this capacity. I further agree to comply with the provisions of all
	and complete performance of my duties, and I am familiar with and a
obligations of my posit	tion as registered agent as provided for in Chapter 608, F.S.
	Registered Agent's Signature
Article IV - Manage	ement (Check box if applicable.)
,	bility Company is to be managed by one manager or more manag
A THE CHANGE THE	

(An additional article must be added if an effective date is requested)

Signature of a member of 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

FILING FEES: \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL)