LU60 000 79850

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	,
Office Use Only		



500078363025

08/14/06--01004--022 **125.00

RECIEIVED

OB AUG 14 MILL 38

OF THE STATE O

PILED

06 AUG 14 PM 1: 03

SLORG IARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Ponder's Printing • Thomasville, GA S/00

MOR-SON Truestments, CC	C PARTIE OF STATE OF
more or squarements, can	C. F. S.
	A THE
	Art of Inc. File
	LTD Partnership File
	Erb Farthership Prile
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictifious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
7	Driving Record
Requested by: W/14 //:00	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Walk-In Will Pick Up	UCC 11 Retrieval
vvack-ccc vviii MCK 1/D	f 'ourtar

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:
MOR-SON INVESTMENTS.	Company is:
	₹
ARTICLE II - ADDRESS	
The mailing address and street add	ress of the principal office of the Limited Liability
Company is:	ion of the principal office of the Emilion Elacinity
n	**************************************
Principal Office Address:	Mailing Address:
5569 Bowden Rd., Stc. 5	⁻ 5569 Bowden Rd., Ste. 5
Jacksonville, FL 32216	Jacksonville, FL 32216
VW43-0011711145 1 12 V-021 V	VWW.VXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-	AGENT, REGISTERED OFFICE & ATURE
REGISTERED AGENT'S SIGN	ATURE
REGISTERED AGENT'S SIGN The name and the Florida street ad	ATURE
REGISTERED AGENT'S SIGN	ATURE
REGISTERED AGENT'S SIGN The name and the Florida street ad	ATURE dress of the registered agent are: Name
REGISTERED AGENT'S SIGN The name and the Florida street ad Keith Ferguson 5569 Bowden Rd	ATURE dress of the registered agent are: Name
REGISTERED AGENT'S SIGN The name and the Florida street ad Keith Ferguson 5569 Bowden Rd Flor Jacksonville, FL	ATURE dress of the registered agent are: Name Ste. 5 da street address 32216
REGISTERED AGENT'S SIGN The name and the Florida street ad Keith Ferguson 5569 Bowden Rd Flor Jacksonville, FL	ATURE dress of the registered agent are: Name Ste. 5 da street address
REGISTERED AGENT'S SIGN The name and the Florida street ad Keith Ferguson 5569 Bowden Rd Flor Jacksonville, FL	ATURE dress of the registered agent are: Name Ste. 5 da street address 32216
REGISTERED AGENT'S SIGN The name and the Florida street ad Keith Ferguson 5569 Bowden Rd Flor Jacksonville, FL City	ATURE dress of the registered agent are: Name Ste. 5 da street address 32216 C, State, and Zip
REGISTERED AGENT'S SIGN The name and the Florida street ad Keith Ferguson 5569 Bowden Rd Flor Jacksonville, FL City The named as registered agent	ATURE dress of the registered agent are: Name Ste. 5 da street address 32216

Régistered Agent's Signature

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

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

<u>litie:</u>	Name and Address:
"MGR" = Manager	•
"MGRM" = Managing Mer	nber
MCDM	Keith Ferguson
MGRM	
	5569 Bowden Rd., Ste. 4
	Jacksonville. FL 32216
MGRM	David Mordecai
	9250 Baymeadows Rd., Ste. 460
	Jacksonville, FL 32256
	
REQUIRED SIGNAT	PURE:
/a	
	<i>III</i>
/ / / / / / / / / / / / / / / / / / / 	W 1752-
Signature of a me	mber or an authorized representative of a member.
2.5	
(In accordance with	a section 608.408(3), Florida Statutes, the execution
•	
	onstitutes an affirmation under the penalties of perjury
that the facts state	d herein are true.)
Keith I	Perguson
	Typed or printed name of signee