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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MODES SERFOOD & PRODUCE 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:
EARL MOOG JR. (Name of Person)
MOOGS SEAFOOD & PRODUCE
3201 AVAITION AUE Suite #8.
MIAMI, Fl. 33/33 (City/State and Zip Code)
For further information concerning this matter, please call:
EARL MOOS (Name of Person) at (954 4445253 or 305860 0764 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company,"	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3201 Avaition Acc	3201 AVAITION Are Suite 8
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
3201 AVA	et address (P.O. Box NOT acceptable)
Mi Ami City, S	FL 33/3 3 State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	ed to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Registered Agent's S	Signature (REQUIRED)

(CONTINUED)
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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member GEN Monager C E-O	3201 AVAT from Ave Sule #8
	·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: $0\% - 29 - 0\%$ (OPTIONAL) especific and cannot be more than five business days prior
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.)

ARL LGON MOG TR

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)