

L060000087796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

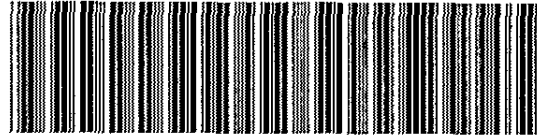
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP - 6 PM 2:08

J. BRYAN SEP - 7 2006,

TRANSMITTAL LETTER

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT MO GARCIA, LLC
(Proposed corporate name - must include suffix)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 SEP - 6 PM 2: 08

The enclosed Articles of Organization and fee(s) are submitted for filing:

FROM: MARCO ANTONO GARCIA
Name (Printed or typed)
909 ALBERCA STREET
Address
CORAL GABLES, FLORIDA 33134
City/State/Zip
(305) 794-3448
Daytime Telephone Number

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

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 608 of the Florida Statutes.

FILED STATE
SECRETARY OF CORPORATIONS
06 SEP - 6 PM 2:08

**ARTICLE I
NAME**

The name of the Limited Liability Company shall be:

MO GARCIA, LLC

**ARTICLE II
ADDRESS**

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

Principal Office Address:

909 Alberca Street
Coral Gables, Florida 33134

Mailing Address

909 Alberca Street
Coral Gables, Florida 33134

**ARTICLES III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE**

The name and the Florida street address of the registered agent are:

Marco Antonio Garcia

Name

909 Alberca Stret

Florida street address (PO Box NOT acceptable)

Coral Gables, Florida 33134

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 designed in this certificated, 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



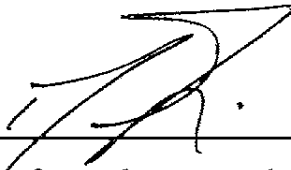
Registered Agent's Signature

**ARTICLE IV
MANAGER (S) OR MANAGING MEMBER (S)**

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

<u>Title</u>	<u>Name & Address</u>
MGRM	Marco Antonio Garcia 909 Alberca Street Coral Gables, Florida 33134

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)

Marco Antonio Garcia

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)

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