

FROM :

FAX NO. : 0000000000

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Division of Corporations

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**L06000088914**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : M. YOUSUF USMAN  
Account Number : 072100000231  
Phone : (305) 477-6767  
Fax Number : (305) 477-1070

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP 11 AM 8:40

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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**M & N INTERNATIONAL LLC**

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Corporate Filing Menu

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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M & N INTERNATIONAL 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:

M. YOUSUF USMAN  
(Name of Person)

(Firm/Company)

8180 N.W. 36TH ST. #309  
(Address)

MIAMI FL 33166  
(City/State and Zip Code)

For further information concerning this matter, please call:

M. YOUSUF USMAN at ( 305 ) 477-6767  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

M & N INTERNATIONAL LLC

(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 principal office of the Limited Liability Company is:

**Principal Office Address:**1147 N.W. 22ND ST.MIAMI FL 33127**Mailing Address:**P.O. BOX 420491MIAMI FL 33242**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NOOR MOHAMED

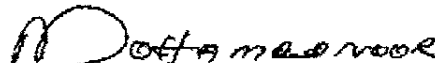
Name

1147 N.W. 22ND ST.Florida street address (P.O. Box **NOT** acceptable)MIAMI FL 33127FL

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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