

L06000094148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

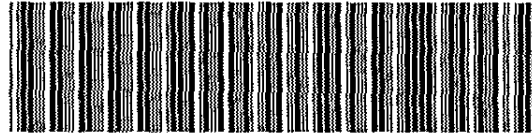
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 SEP 25 P 12:22

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2006

C. ESPINOSA-MENDOZA, C.P.A.  
8325 SW 54 AVE.  
MIAMI, FL 33143

SUBJECT: MCEV, LLC  
Ref. Number: W06000040088

2006 SEP 25 P 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for MCEV, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the full legal name of the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 806A00054974

**C. ESPINOSA-MENDOZA**

**CERTIFIED PUBLIC ACCOUNTANT**

**8325 S.W. 54 AVENUE**

**MIAMI, FLORIDA 33143**

**(305) 666-3924**

September 22, 2006

Ms. Agnes Lunt  
Document Specialist  
Florida Department of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

RE: MCEV, LLC  
Ref. #: W06000040088

Dear Ms. Lunt

As per our telephone conference enclosed please find the Articles of Organization for MCEV, LLC which we are resubmitting so that every reference to C. Espinosa now reflects Cristina spelled out.

If you have any questions, please do not hesitate to contact me at (305) 666-3944

Sincerely



C. Espinosa - Mendoza

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 SEP 25 PM 12:29

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## TRANSMITTAL LETTER

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

**SUBJECT** MCEV, LLC.  
(Proposed corporate name - must include suffix)

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

**FROM:** C. Espinosa-Mendoza, C.P.A.  
Name (Printed or typed)

8325 SW 54 Avenue  
Address

Miami, FL 33143  
City/State/Zip

(305) 666-3924  
Daytime Telephone Number

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TALLAHASSEE, FLORIDA

**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.*

**ARTICLE I  
NAME**

The name of the Limited Liability Company shall be:

**MCEV, LLC.**

**ARTICLE II  
ADDRESS**

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

**Principal Office Address:**  
8325 SW 54<sup>th</sup> Avenue  
Miami, FL 33143

**Mailing Address**  
8325 SW 54<sup>th</sup> Avenue  
Miami, Florida 33143

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

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

Cristina Espinosa-Mendoza, CPA

\_\_\_\_\_  
Name

8325 SW54th Avenue  
\_\_\_\_\_

**Florida street address (PO Box NOT acceptable)**

Miami, Florida 33143  
\_\_\_\_\_

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 &amp; Address</u>
MGRM	Manuel Vigil 8325 SW 54 <sup>th</sup> Avenue Miami, Florida 33143
MGRM	Cristina Espinosa 8325 SW 54 <sup>th</sup> Avenue Miami, Florida 33143

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TALLAHASSEE, FLORIDA

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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)

Cristina Espinosa

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)