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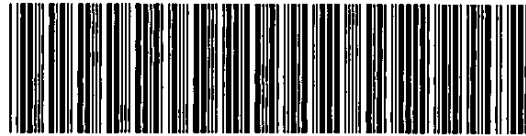
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Moca Chic, LLC

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

Please return all correspondence concerning this matter to the following:

Nichelle Flannory  
P O Box 8432  
Jacksonville, Florida 32239

For further information concerning this matter, please call:

Nichelle Flannory at (904) 370-0846

Enclosed is a check for the following amount:

\$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 **Moca Chic, LLC**

**ARTICLE II**

**Address:**

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

**Principal Office Address:**

9378 Arlington Expressway  
#318  
Jacksonville, Florida 32225

**Mailing Address:**

P O Box 8881  
Jacksonville, Florida 32239

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature**

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

Nichelle Flannory  
9378 Arlington Expressway #318  
Jacksonville, Florida 32225

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*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)

**ARTICLE IV  
Management**

The Limited Liability Company is to be managed by the members.

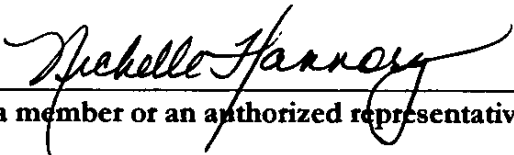
The name and address of each Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Nichelle Flannory P O Box 8881 Jacksonville, Florida 32239

**ARTICLE V  
Period of Duration**

The Company's existence shall be effective October 10, 2006 at 12:01 am. The duration of this Limited Liability Company shall be perpetual, unless dissolved in accordance with the terms of the Company's Operating Agreement.

**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.)

\_\_\_\_\_  
Nichelle Flannory

Typed or printed name of signee