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(Requestor's Name)		
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

Office Use Only

COVER LETTER -

TO: Registration Section Division of Corporations
SUBJECT: Society Works (Mou) 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:
Patrick Minott (Name of Person)
Society Works group LLC
1144 NW 7th Terrace
Fort Lauderdale FL 33311
For further information concerning this matter, please call:
Vatrock Min At at 954 462-8309 (Name of Person) at 954 Accode & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Society Works Grou 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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1144 NW 7th Terrace FORT LAUDERDALE FL 33311	144 NW 7th Tenace FORT LAUDER DAYE, FL 33311
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
Fort Lauderdale City, State, as	MOTH SECRETAL SECRETA
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	uis certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and
accept the obligations of my position as regis	tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member MGRM	Name and Address:
	Patrick Minott 1144 NW 7th Terrace Fort Lauderdale FL 33311
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da	ate of filing: . (OPTIONAL)
	pecific and cannot be more than five business days prior
(In accordance with section of this document constitute that the facts stated here	// 1// 1/ N
Type	d 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)

ARTICLE IV- Manager(s) or Managing Member(s):

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