# L0700096495

Abraham A. Galbut, PA
(Requestor's Name)  4770 BISCAYIN BIVA,  (Address)
Ste #640
(Address) Mami F1. 33131 (City/State/Zip/Phone #)
. (City/State/2ip/Phone #)
(Business Entity Name)
(Document Number)
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SECRETANY OF STATE
ALL AHASSET FLORIDA

# **ARTICLES OF ORGANIZATION**

<u>OF</u>

FILED

07 SEP 20 AM IO: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# **MOGILEV, LLC**

The undersigned, acting as organizer of a limited liability company being formed pursuant to Chapter 608 of the Florida Statutes, known as the Florida Limited Liability Company Act., adopts the following Articles of Organization for such company.

#### **ARTICLE I**

# **NAME OF COMPANY**

The name of the company shall be MOGILEV, LLC (the Company).

#### **ARTICLE II**

#### **DURATION**

This Company is to have perpetual existence.

#### **ARTICLE III**

#### NATURE OF BUSINESS

The purpose of this company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### **ARTICLE IV**

#### **COMPANY ADDRESS**

The initial street and mailing address of the principal office of this company is as follows:

**MOGILEV, LLC** 

4770 Biscayne Blvd., Suite 400

Miami, Florida 33137

#### **ARTICLE V**

#### **INITIAL MEMBERS**

This company shall have two (2) Members initially. The number of Members may be either increased or decreased from time to time by an amendment of the Operating Agreement of the company in the manner provided by law, but shall never be less than one (1). The name of the initial Members, their titles, and addresses, are as follows;

NAME

TITLE

**ADDRESS** 

**ERIC GALBUT** 

MBR

4770 Biscayne Blvd., Suite 400

Miami, Florida 33137

**ELI SLOMOWITZ** 

**MBR** 

4770 Biscayne Blvd., Suite 400

Miami, Florida 33137

## **ARTICLE VI**

#### **INITIAL MANAGER**

This company shall be managed by its members initially. The name of the initial Manager is;

**NAME** 

**ADDRESS** 

**ERIC GALBUT** 

4770 Biscayne Blvd., Suite 400

Miami, Florida 33137

#### ARTICLE VII

#### **ORGANIZER**

The name and address of the Organizer signing these Articles is:

**NAME** 

**ADDRESS** 

**ALAN S. WALTERS** 

4770 Biscayne Blvd., Suite 640

Miami, Florida 33137

#### **ARTICLE VIII**

#### **INDEMNIFICATION**

The corporation shall indemnify any officer of director, or any former officer or director, to full extent permitted by law.

#### ARTICLE IX

#### **AMENDMENT OF ARTICLES**

This company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment thereto, and any right conferred upon members is subject to this reservation.

#### ARTICLE X

#### **INITIAL REGISTERED AGENT**

In compliance with Chapter 608.415, Florida Statutes, **MOGILEV**, **LLC** has named a Registered Agent for acceptance of service of process, and all other statutorily required purposes. The name and address of the initial Registered Agent and Registered office of this company is as follows:

ALAN S. WALTERS
% ABRAHAM A. GALBUT, P.A.
4770 Biscayne Blvd., Suite 640
Miami, Florida 33137

# <u>ARTICLE XI</u>

# EFFECTIVE DATE

The Effective Date of these Articles shall be as of September 17, 2007.

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of
Organization on this/9 <sup>th</sup> day of September, 2007, for the purpose of forming a limited
liability company under the laws of the State of Florida.

ALAN S. WALTERS

## **ACCEPTANCE BY REGISTERED AGENT**

Having been named to accept service of process for the above stated company, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Florida Limited Liability Company Act relative to maintaining said office.

**ALAN S. WALTERS** 

STATE OF FLORIDA	)	
	)	SS
<b>COUNTY OF MIAMI-DADE</b>	)	)

I HEREBY CERTIFY that on this day before me a Notary Public, duly authorized to take acknowledgments personally appeared ALAN S. WALTERS, to me well know to be the person described in and who executed the Registered Agent Certificate.

WITNESS my hand and seal this \_\_\_\_\_ day of September, 2007.

My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA



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SECRETARY OF STATE
TALL AHASSEF FLORIDA