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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Littly Name)	
(Degument Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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COVER LETTER

:

TO: Registration Section Division of Corporations
SUBJECT: Showcase Accounting 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:
HOWARD MOFSEN
(Name of Person)
HOWARD MOFSEN (Name of Person) PINCITEUSKY & MOFSEN (Firm/Company) 9728 W- SAMPLE RD (Address)
(Firm/Company)
9728 W- SAMPLE RO
(Address)
CONAL SPNINGS FL 33065 BA RO (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
HOWARD MOFSEN at (954) 753-3545 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \sin \text{\$\sin
Mailing AddressStreet/Courier AddressRegistration SectionRegistration 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 1 - Name:

The name of the Limited Liability Company is:

Showcase Account (Must end with the words "Limited Liability	ing LLC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the printer.	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
9728 W SAMPLE RD CONAL SPRINGS FL 33065	9728 W SAMPLE RD CORAL SPRINGS FL 33065		
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: HOWAND MOFJEN Name			
9728 W SAMPLE RU Florida street address (P.O. Box NOT acceptable) Conac Springs 33055			
CORAL SPNING City, State, an	√FL 330 F √ d Zip		
liability company at the place designated in the registered agent and agree to act in this capacity.	scept service of process for the above stated limited is 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		

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MERM	HOWARD MOFSEN 9728 W SAMPLE RU CORAL SPRINGE FL 33065
MGRM	MICHAEL FLORA G723 W SAMPLE RO CONAL SPAINER FL 33065
	08 JAN - 7 SECRETAR ITAILAHABS
	FILED -7 PH I2: 02 ABSTE FLORIDA TOTAL
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	date of filing: $\frac{2-1-08}{2}$ (OPTIONAL)
	e specific and cannot be more than five business days prior

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.)

Typed 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)