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SECRETARY OF STATE

A. LUNT

JAN - 8 2008

EXAMINER

# **COVER LETTER**

	tion Section of Corporations		
SUBJECT: MC	s's Quick Food		
	(Name of Limit	ed Liability Company)	
The enclosed Arti	cles of Organization and fee(s) are	submitted for filing.	
Please return all c	orrespondence concerning this matt	ter to the following:	
Basil N	Mohun		
		(Name of Person)	
			2008 TALL
		(Firm/Company)	AR JAN
14200	Ludgate Hill Lane		NR)
		(Address)	ms v
Orland	lo, FL 32828		FLON STA
	·	y/State and Zip Code)	
For further inform	nation concerning this matter, please	e call:	
Basil Mohu	n	at (407 ) 276-15	66
	(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a ch	eck for the following amount:		
▼\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:  Mo's Quick Food Limited Liability C	ompany		
(Must end with the words "Limited Liabili		LC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the L	imited Liab	ility Company is:
Principal Office Address:	Mailing Address:		
14200 Ludgate Hill Lane, Orlando, FL, 32828	14200 Ludgate Hill Lane	, Orlando, FL 3	32828
<u> </u>		_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered red Agent. You must design	l Agent's S ate an individua ≥	ignature: al or another 20
The name and the Florida street address of the re	gistered agent are:	LAH	
Basil Mohun		- SSA	
Name		E C	
14200 Ludgate Hill Lane		_ الدي يرية	0
	ress (P.O. Box NOT accept		يب 💙
Orlando	<sub>FL</sub> 32828	_ A A	0 <b>.2</b>
City, State, and	nd Zip		
Having been named as registered agent and to a 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 accept the obligations of my position as registered.	is certificate, I hereby I further agree to conformance of my duties tered agent as provided.	accept the a mply with th , and I am fo	appointment as ne provisions of all amiliar with and
Registered Agent's Signatu	ire (REQUIRED)		· · · · · · · · · · · · · · · · · · ·

(CONTINUED) Page 1 of 2

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

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

"MGRM" = Managing Member			
	Basil Mohun		
Basil Mohun - Manager	14200 Ludgate Hill Lane		_
	Orlando, FL 32828		_
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(Use attachment if necessary)			
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LE V: Effective date, if other than	ine date of filing:		
ffective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more	tnan five dusiness	aa

## **REQUIRED SIGNATURE:**

Signature of a mamber or an authorized representa

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.)

#### **Basil Mohun**

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)