## L08000017104

(Re	equestor's Name)	
(Ac	ldress) ,	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
OR FER 15 PM 2: 22

J. BRYAN

FEB 1 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: //	OZAIK, L.L (Name of Limit	ted Liability Company)		
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspo	ndence concerning this mat	ter to the following:		
	REGINA	LDAG (Name of Person)	9,	<u>0</u>
	MOZAIK	CLLC.		VISIGE OF EB
	2511 Born	TOMEDGE DR.		OB FEB 15 PH 2: 22
		(Address)		2
<del> </del>	DRANGE PA	12K FL 32065 ty/State and Zip Code)		22
For further information co	oncerning this matter, pleas	e call:		
MARK ROSS (Name of	of Person)	at (904) (639 - (Area Code & Daytime To	<u>5252/276-8</u> elephone Number)	313
Enclosed is a check for			<b>-/</b>	
\$125.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of State Certified Copy (additional copy is en	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICT E I Name		9
ARTICLE I - Name: The name of the Limited Liability Company is:		<b>新</b>
MOZAIK, L.L. (Must end with the words "Limited Liability"	ty Company, "L.L.C.," or "LLC.")	08 FEB 15 PM 2: 22
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
2511 BOTTOMRINGE DR. ORANGE PARK, FL 320125	P.O. BOX 374 DRANGE PARK, FL 32073-03	74
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re-		
2511 BOTTOMRIX Florida street addit ORANGE PARK City, State, as	ress (P.O. Box <u>NOT</u> acceptable)  FL 32065  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 regis	his certificate, I hereby accept the appointm p. I further agree to comply with the provisi rformance of my duties, and I am familiar w	ent as ions of all vith and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MOMM — Managing Menioci	
MGR	MARK RUSS
·	2511 BOTTOMRIDGE DR.
	DRANGE PARK FL 32065
MGR	MALKIA ROSS
	2511 BOTTOMRIDGE DR.
	DRANGE PARK FL 32065
	DRANGE PARK FL 32065 &
	4. ^
	***************************************
(I	
(Use attachment if necessary)	
LE V: Effective date, if other tha	an the date of filing: (OPTIONAL
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LE V: Effective date, if other that fective date is listed, the date medians days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL
CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a to the date of a	nn the date of filing: (OPTIONAL ust be specific and cannot be more than five business days nember or an authorized representative of a member.
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a material of this document.	an the date of filing: (OPTIONAL ust be specific and cannot be more than five business days nember or an authorized representative of a member.

## 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)