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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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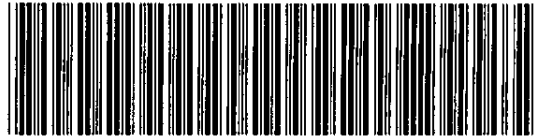
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN

APR 14 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 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:

(Name of Person) Meg Morgan

(Firm/Company) M. Morgan Graphics, LLC.

(Address) 8605 West Sample Road #201

(City/State and Zip Code) Coral Springs, Florida 33065

For further information concerning this matter, please call:

(Name of Person) Meg Morgan

(Area Code (954) 757-3559 home (754) 234-4579 cell
& Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00	Filing Fee
\$130.00	Filing Fee & Certificate of Status
\$155.00	Filing Fee & Certificate of Status, Certified Copy (additional copy is enclosed)
<input checked="" type="checkbox"/> \$160.00	Filing Fee, Certificate of Status, Certified Copy Certificate (additional copy is enclosed)

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DIVISION OF CORPORATIONS
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Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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: *M. Morgan Graphics, 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 principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address:

M. Morgan Graphics, LLC.

Attn: M. Morgan

8605 West Sample Road #201

Coral Springs, Florida 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:

Name

Meg Morgan

Florida street address (P.O. Box NOT acceptable) *8605 West Sample Road #201*

FL City, State, and Zip

Coral Springs, Florida 33065

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

Meg Morgan

(CONTINUED)

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:

(NA)

"MGR" = Manager

Meg Morgan

8605 West Sample Road #201

Coral Springs, Florida 33065

"MGRM" = Managing Member

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

April 8, 2008

REQUIRED SIGNATURE:

Meg Morgan

MEG MORGAN

Typed or printed name of signee

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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.)

Filing Fees:

\$125.00

\$ 30.00

\$ 5.00

Filing Fee for Articles of Organization and Designation of Registered Agent

Certified Copy (Optional)

Certificate of Status (Optional)