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PICK-UP WAIT MAIL				
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# **COVER LETTER**

TO:	Registration Section Division of Corpor			
CHIDIE	MS LEGA	CY EXPORT L	LC	
SUBJE	CI:		Liability Company)	
The end	closed Articles of Org	anization and fee(s) are su	abmitted for filing.	
Please r	eturn all corresponde	nce concerning this matter	r to the following:	
1	MARLEENE I	DEL CARMEN	WHEELER	
-		(1	Name of Person)	
•		(1	Firm/Company)	
	6722 NW 39	TH LN		
•	·		(Address)	
	LAUDERHILI	_, FL. 33319		
-	<del> </del>	<u> </u>	State and Zip Code)	
For furt	her information conce	erning this matter, please of	call:	
MARL	EENE DEL CAF	RMEN WHEELER	at ( 954 ) 777-2034 (Area Code & Daytime Tele	4
	(Name of Pe	rson)	(Area Code & Daytime Tele	phone Number)
Enclose	ed is a check for the	following amount:		*
□\$125.0		130.00 Filing Fee & Evertificate 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)
	Re Di P.	ailing Address gistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny ic	
The name of the Elimica Elability Compar	19 15.	
MS LEGACY EXPORT LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC."	)
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
MARLEENE DEL CARMEN WHEELER	MARLEENE DEL CARMEN V	VHEELER
6722 NW 39 TH LN	6722 NW 39 TH LN	
LAUDERHILL, FL. 33319	LAUDERHILL, FL. 33319	<u> </u>
	CARMEN WHEELER Name	
6722 NW 39 TH	LN	
Florida stre	et address (P.O. Box NOT acceptable	e)
LAUDERHILL, F	L. 333 <u>1</u> 9	
City, S	state, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accordance pacity. I further agree to comply te performance of my duties, and	ept the appointment as with the provisions of all d I am familiar with and
Registered Agent's S	Signature (REQUIRED)	2000 JUN 20

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGR	MARLEENE DEL CARMEN WHEELER
<del></del>	6722 NW 39 TH LN
·	LAUDERHILL, FL. 33319
Control of the contro	
(Use attachment if necessary	·)
	,
ICLE V: Effective date, if other	than the date of filing: JUN 17/2008 (OPTIONAL)
	e must be specific and cannot be more than five business days price
90 days after the date of filing.	
g.	,
REQUIRED SIGNATURE	:
)1	1000 /100 (ex)
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.)

### MARLEENE DEL CARMEN WHEELER

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)