

L08000115098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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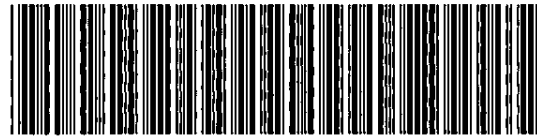
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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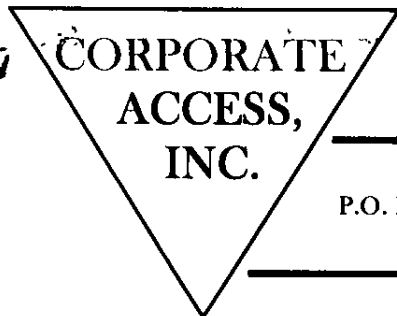
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DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

B. KOHR

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EXAMINER



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303  
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## WALK IN

PICK UP:

12/18/08 Emily

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TALLAHASSEE, FLORIDA

1. MOBG Co, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR  
MORG 06, LLC,  
a Florida limited liability company

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.

ARTICLE I - NAME

The name of this Corporation shall be "MORG 06, LLC"

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 114 Camphor Tree Lane, Altamonte Springs, Florida 32714.

ARTICLE III - MANAGEMENT


The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is Paul W. Morgan.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE

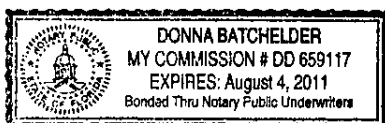
The name and Florida street address of the registered agent is Paul W. Morgan, 114 Camphor Tree Lane, Altamonte Springs, Florida 32714. Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, I 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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Dated effective 12/16/08.

  
Paul W. Morgan, Member and  
Registered Agent

STATE OF FLORIDA  
COUNTY OF Seminole

The foregoing Articles of Organization were acknowledged before me on December 16, by PAUL W. MORGAN. Said person did not take an oath and (check one) ☐ is personally known to me, or ☒ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.



  
Print Name: \_\_\_\_\_  
Notary Public - State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_