# Division 4

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617 6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101

: (850)385 6735

Fax Number

: (954)641-4192

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## MIT CAPITAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

D. BRUCE

FEB 26 2009

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR E	LORIDA LIMITED LIABILITY COMPANY	<b>Y</b>	
The name of the Limited Liability Company is	ß:		
MIT CAPITAL, LLC  (Must end with the words "Limited Lizh	bility Company. "L.L.C.," er"Ll.C.")		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company i	s:	
Principal Office Address:	Mailing Address:		
9806 Arbor Calm Lane	9806 Arbor Onks Lane		
#304	#304		
Boca Raton, FL 33426	Boca Raton, FL 33428		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeress entity with an active Plorida registration.)  The name and the Florida street address of the	gistered Agent. You must designate an individual or another	. SECF	
Alan C. Gold		CRET.	
Name VSR VS			
1501 Sunset Drive, 2nd hloor		**	1
Fineign street address (P.O. Box NOT acceptable)			
Coral Gables, 3314	13 <sub>FL</sub>		
City, State			
registered agent and agree to act in this capac statutes relating to the proper and complete t	o accept service of process for the above stated limite in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S.	ed all	

Registered Agent's Signature (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Armando Jorge 9808 Arbor Cake Lane, #304 Boca Raker, FL 33428
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the de (If an effective date is listed, the date must be a to or 90 days after the date of filing.)	nte of filing: (OPTIONAL)  pecific and cannot be more than five basiness days prior
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In eccordance 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.)

Armando Jorge

Typed or printed name of signed

Fifine Fees.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.80 Certified Copy (Optional)
\$ 5.90 Certificate of Status (Optional)

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