

109000021885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

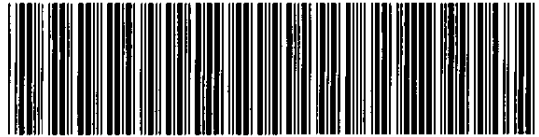
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

109000008794

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02/23/09--01020--010 **125.00

FILED
09 MAR - 6 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 6 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOJLAN LLC
(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:

OLANREWAJU AYOOLA

(Name of Person)

MOJLAN LLC

(Firm/Company)

13620 LAKE MAGDALENE BLVD #412

(Address)

TAMPA FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

OLANREWAJU AYOOLA

(Name of Person)

at (813) 8175095

(Area Code & 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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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09 MAR - 6 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2009

OLANREWAJU AYOOLA
13620 LAKE MAGDALENE BLVD #412
TAMPA, FL 33618

SUBJECT: MOJLAN LLC
Ref. Number: W09000008794

We have received your document for MOJLAN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 209A00006449

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09 MAR -6 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOJLAN 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:

1412 W WATERS AVENUE UNIT 104
TAMPA FL 33604

Mailing Address:

13620 LAKE MAGDALENE BLVD #412
TAMPA FL 33618

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:

Mojisola O Ayoola
Name

13620 Lake Magdalene Blvd #412
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33618
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

M Ayoola

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

OLANREWAJU AYoola MGR

13620 LAKE MAGDALENE BLVD #412

TAMPA FL 33618

MOJISOLA AYoola MGRM

13620 LAKE MAGDALENE BLVD #412

TAMPA FL 33618

(Use attachment if necessary)

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.)

REQUIRED SIGNATURE:



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.)

OLANREWAJU AYoola

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)

FILED
09 MAR -6 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA