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(Fi	lequestor's Name)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

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J. BRYAN

MAR 1 1 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: Mount Deal & Associates, 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:
Elizabeth A. Dear, Founder and (EO (Name of Person)
Mount Degi (Associates (Firm/Company)
51 SW 11th ST, Svite 1437
Mianui, FL 33130 Fig 3 (City/State and Zip Code)
For further information concerning this matter, please call:
Elizabeth A. Degi at (301) 448-8701 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & } \text{\$155.00 Filing Fee & } \text{\$\$160.00 Filing Fee, } \text{\$\$Certificate of Status & } \text{\$\$Certified Copy & Certificate of Status & } \$\$Certified Copy & Certified Copy & Cer
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2009

ELIZABETH A. DEGI MOUNT DEGI & ASSOCIATES, LLC 51 SW 11TH ST, SUITE 1437 MIAMI, FL 33130

SUBJECT: MOUNT DEGI & ASSOCIATES, LLC

Ref. Number: W09000010496



We have received your document for MOUNT DEGI & ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 4, 2009. Please amend your document accordingly.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 109A00007640

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY	BONEANIT
ARTICLE I - Name: The name of the Limited Liability Cor	mpany is:	弱いっと
Mount Don & (Must end with the words "Li	ASSOCIOARES, LLC. imited Liability Company, "L.L.C.," or "LLC.")	STATE
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Malling Address:	
BISLITIMAL	RI 5112 1147 St	

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

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)

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:
MGR	Elizabeth A. Degi 51 SW 11m St. Just 1437 Miami, FL 3330
MGRM.	Michelle C. Reich 3068 Hazelton Street Falls Church, VA 22044
	SECRETARIA TO
	TOTAL PROPERTY OF THE PROPERTY
(Use attachment if necessary)	PRIDE
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filling.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior

## 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.)

Elizabetto A. Desi Typed or printed name of signees

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)