# 0900045467

(Requestor's Name) ——			
(Address)			
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(City/State/Zip/Phone #)			
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TALLAHASSE CESTAL

M. THOMAS

MAY 1 1 2009

EXAMINER



# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2009

MANUEL B. URQUIA 15103 HARDING LANE HOMESTEAD, FL 33033

SUBJECT: M.B.U. INVESTMENTS L.L.C.

Ref. Number: W09000011783

We have received your document for M.B.U. INVESTMENTS L.L.C. and you check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 009A00008507

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	Æ I -	Name:
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The name of the Limited Liability Company is:

#### M.B.U. INVESTMENTS L.L.C.

(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 Compa

#### Principal Office Address:

Mailing Address:

15103 HARDING LANE

HOMESTEAD FL 33033

15103 HARDING LANE

HOMESTEAD FL 33033

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:

# MICHAEL CAFARO P.A

Name

### 12385 SW 129th COURT STE 10

Florida street address (P.O. Box NOT acceptable)

## MIAMI, FLORIDA 33186

City, State, and Zip

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)

(CONTINUED) Page 1 of 2

# The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM MANUEL B URQUIA 15103 HARDING LANE HOMESTEAD FL 33033 MGR ANDREW D COX 15103 HARDING LANE HOMESTEAD FL 33033 (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.)

MANUEL B URQUIA

ARTICLE IV- Manager(s) or Managing Member(s):

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)

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