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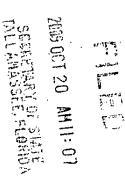
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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T. CLINE
OCT 2 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MLS Ventures	LLC	
Name of Limit	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Mariana leandro	Santeli	
	Name of Person	
	Firm/Company	En En
624 Ne France:	sca lane	
	Address	20
Boca haton Fl	33487	
100 0 0 1 4 4 m	ty/State and Zip Code	
Mariana, Santzii L	for future annual report notification)	<u></u>
For further information concerning this matter, pleas	-	
1.	0-11 /97	1950
Mariana L. Santehi	at (454) 607-	6859
Name of Person	Area Code & Daytime Telep	none Number
Enclosed is a check for the following amount:	\	
\$125.00 Filing Fee \$\int\$\$\$\$\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	<u>.</u>	
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the remainder	gistered agent are:
Florida street address (P.O. E Boca, Raton City, State, and	FL 33487

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

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	Name and Address:		
"MGRM" = Managing Member	9-1-A.		
MGRM	Mariama 7 Santi		
	624 Ne Francesca, lane		
	Boca Ration, F1, 33487		
	,		
	ANS OCT 20		
FICLE V: Effective date, if other than the in effective date is listed, the date must be 190 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p		
REQUIRED SIGNATHRE:			
M Joseph no	2 1 N foli		
<u>Y /COOOJY Y</u> Signature of a memb	er or an authorized representative of a member.		
ţ	ection 608.408(3), Florida Statutes, the execution		
of this document cons	stitutes an affirmation under the penalties of perjury		
that the facts stated he			
Marian	yped or printed name of signee		
Filing Fees:	Abon or bringer matter or diffuse		
\$125.00 Filing Fee for Articles of Orga	anization and Designation		

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)