### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000083692 3)))



H100000836923ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617 -6383

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512 Phone : (305)789 -9200 Fax Number : (305)789 -9201

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

TRECEIVED

OF R 13 BM 12: 01

SECRETARY OF STATE
ALL AHASSEF PLORIDA

## FLORIDA LIMITED LIABILITY CO. MORA FAMILY, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

S. HAWKES

APR 1 4 2010

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

Audit No. H10000083692 3

#### ARTICLES OF ORGANIZATION

OF

#### MORA FAMILY, LLC



#### ARTICLE I

The name of the limited liability company formed hereby is MORA FAMILY, LLC (the "Limited Liability Company").

#### **ARTICLE II**

The duration of the Limited Liability Company shall be perpetual.

#### ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

125 Ocean Drive, Unit D-204 Miami Beach, Florida 33139

#### **ARTICLE IV**

The Registered Agent of the Limited Liability Company and her street address in the State of Florida are as follows:

Howard W. Gordon, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33133

Audit No. H 10000083692 3

Audit No. H10000083692 3

#### ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is:

> Jorge Mora 125 Ocean Drive, Unit D-204 Miami Beach, Florida 33139

as Authorized Representative of the Members

My Commission expires: 10/18/2013

| STATE OF FLORIDA  | )  |
|---|--|
|   | )  |
| COUNTY OF MIAMI-DADE  | )  |
| Members, who is personally ki   | eared Howard W. Gordon, as Authorized Representative of the nown to me, or who produced the person who executed the foregoing Articles of Organization.  Thereunto set my hand and official seal this 134 day of |
| April , 2010.   | $O/640 \rightarrow O_{0}$  |
| Judith D. Rodman  Commission # DD921378  Expires: OCT. 18, 2013  BONDED THRU ATLANTIC BONDING CO., INC. | Notary Public Print Name: PD(7K) Rod MAN   |

Audit No. H10000083692-3

Audit No. H10000083692 3

# CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION



Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is MORA FAMILY, LLC.
- 2. The name and address of the Registered Agent and Office is:

Howard W. Gordon, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Howard W. Gordon, Registered Agent

Date: 13#70

MORA FAMILY, LLA

Howard W. Gordon,

as Authorized Representative

of the Members

Audit No. H10000083692 3

[jdr] W:\5082\$\ARTORG58.JDR{4/9/10-14:21}