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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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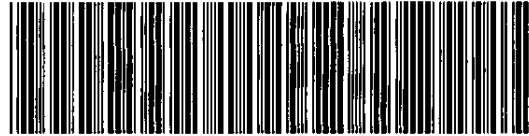
Special Instructions to Filing Officer:

**L. SELLERS**

AUG 5 2010

**EXAMINER**

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08/03/10--01009--027 \*\*160.00

**FILED**  
10 AUG -3 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 30, 2010

ATTN: FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

REGISTRATION SECTION

DIVISION OF CROPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL. 32314

REF: FILING FEES FOR ARTICLES OF ORGANIZATIONS

MCI MANAGEMENT GROUP LLC

PLEASE PROCESS THE ATTACHED REGISTRATION DOCUMENT FOR THE ABOVE MENTIONED

COMPANY. ANY QUESTIONS PLEASE CALL ME CARLOS MORENO 407-832-3810

I HAVE ATTACHED \$ 160.00 MONEY ORDER TO COVER FOR FILING FEE AND CERTIFICATE OF STATUS  
& CERTIFIED COPY.

RESPECTFULLY SUBMITTED,



CARLOS A MORENO

CC: FILE

ENCLOSURE: REGISTRATION DOCUMENTS

MONEY ORDER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MCI MANAGEMENT GROUP**

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:

**IVAN MORENO**

Name of Person

**MCI MANAGEMENT GROUP**

Firm/Company

**1561 HOBSON ST**

Address

**LONGWOOD, FL. 32750**

City/State and Zip Code

**IVANMORENO@EWIFL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**IVAN MORENO**

Name of Person

at ( 321 ) 298-1099

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MCI MANAGEMENT GROUP 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:

IVAN MORENO

1561 HOBSON ST.

LONGWOOD, FL. 32750

#### Mailing Address:

SAME AS PRINCIPAL ADDRESS

### 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:

CARLOS MORENO

Name

126 CALADIUM TERRACE

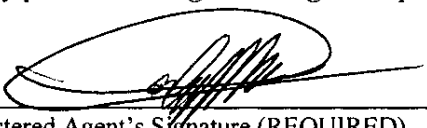
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO

FL 32839

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

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

IVAN MORENO

MANAGER

1561 HOBSON ST

LONGWOOD, FL. 32750

CARLOS MORENO

MANAGING MEMBER

126 CALADIUM TERRACE

ORLANDO, FL. 32750

MOHAMMED HASAN

MANAGING MEMBER

1000 SWEETWATER BAY CT

LONGWOOD, F. 32750

(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.)

CARLOS MORENO

\_\_\_\_\_  
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)**