(* to)

L100000 82749

(R	equestor's Name)	
(A	ddress)	
(Å	ddress)	
(C	ity/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Contilled Control	Cadificator	f Ctatus
Certified Copies	Cennicates o	T Status
Special Instructions to	Filing Officer:	

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EFFECTIVE DATE 8 1 2010

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SLORE IARY OF STATE
STORE IARY OF STATE

B. KOHR

AUG - 9 2010

EXAMINER

COVER LETTER

٠,	TO:	Registration ! Division of Co		EFFEC	TIVE DATE 8/	15
	SUBJE	ст:	Name of Limit	ed Liability Company		1
	The end	closed Articles o	of Organization and fee(s) are	submitted for filing.		
	Please r		ondence concerning this mat		<u> </u>	, ,·
	-	NE	WMAD E. POSE	4 1/	O AUG) 10 10 10 10 10 10 10 10 10 10 10 10 10
					ر. د	SAL
		Mua	Islide LLC	Firm/Company		399
				Firm/Company	Ġ	2
			NW 14th CE			果
	-			Address		
	_	Plan	tation Flor	21 dA 33313 y/State and Zip Code		
		Mudal	Cit	cy/State and Zip Code GAPAI . Com for future annual report notification)		
	-	114051	E-mail address: (to be used	for future annual report notification)		
	For furt	her information	concerning this matter, please	e call:		
	MC	NEWM P/	E. Posey IV	at (4/9) 6/0-4 Area Code & Daytime Telep	SUPPLIED SHOPE	
	Enclose	ed is a check f	or the following amount:			
	□ \$125.0	00 Filing Fee	Certificate of Status	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 C Tallahassee, FL 32301	ircle	



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..

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'MGR" = Ma	anager	Name and Address:
'MGRM" = 1	Managing Member	
MAR		NEWHOLF PRESU
1102		1.815 N/W 144 CH
		Plantation FIA 33313
MARM		Bourie Jones
FIGER		7050 Sunset Drive
		S PASADENA FIA 33904
····		
I Ise attachm	ent if necessary)	
	ent if necessary)	
EV: Effect	ive date, if other than	in the date of filing: $8/1/2010$ (OPTION
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E V: Effect ective date is lays after th	s listed, if other than is listed, the date must edate of filing.) SIGNATURE: Signature of a must of this document	ember or an authorized representative of a member. ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
E V: Effect ective date is lays after th	s listed, the date must be date of filing.) SIGNATURE: Signature of a must be determined in accordance with of this document that the facts state	ember or an authorized representative of a member.

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