

L11000000 5053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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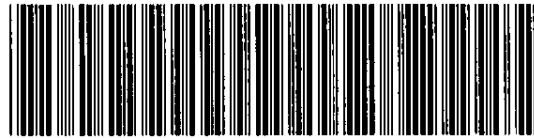
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
INC.**

*[When you need ACCESS to the world]*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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LLC

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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1. Momm Organization LLC.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I.**

EFFECTIVE DATE

1/7/2011

The name of the Limited Liability Company is:

**MOMM ORGANIZATION LLC.**

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**ARTICLE II.**

The address and street address of the principal office of the Limited Liability Company is:

1504 BAY RD APT. 3201

MIAMI FL 33139

The mailing address of the Limited Liability Company is:

1504 BAY RD APT 3201

MIAMI FL 33139

**ARTICLE III.**

The name and the Florida street address of the registered agent are:

JONATHAN BABICKA

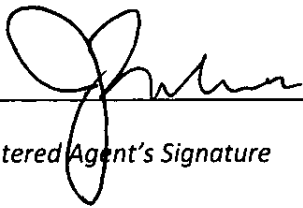
1504 BAY RD APT 3201

MIAMI BEACH FL 33139

Page 2.

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*

1/7/11  
Date:

#### **ARTICLE IV.**

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

STEPHAN MORRIS

MGR

1330 WEST AVE APT 2304

MIAMI BEACH FL 33139

JONATHAN BABICKA

MGR

1504 BAY RD APT 3201

MIAMI BEACH FL 33139

**ARTICLE V.**

Effective date of filing is : 01/07/11



*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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.

STEPHAN MORRIS

*Typed or printed name of signee*

01.07.2011

*Date*