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02/08/11--01017--018 \*\*155.00

Effective Date 2/2/11



FEH - 9 2011

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Modular Techniques OF Fla LLC  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:
Name of Person  Modular Techniques OF Fla LLC  Him/Company
Name of Person
Modular Techniques OF Fla LLC
Pfrm/Company
13706 22nd st Address
Address
Dade City 4 k 33535  City/State and Zip Code  HW 33525 @ GOL, COM  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
F-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
Name of Person at (352) 458 - 2289  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status \$\int \text{Certified Copy} \\ (additional copy is enclosed) \\ \t
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Effective Date 2/2/1)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Modular Techniques OF Fla. 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:	Mailing Address:		
13706 dad st	13706 az=1st		
Dade City fla	Dade City Fla		
33525	<i>3</i> 3525-		

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:

Keith	Wong			
	Name		···	
13706	2214	8 <del>/-</del>		
i	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	
DAde	City 1	1 7h	33505	
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

SECRETARY OF STATE DIVISION OF CORPORATIONS

# 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 MI GR | Managing Member | | Managi

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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.)

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB -8 MID: 42