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SECRETARY OF STATE
TALLAHASSEE, FLORID.

D. BRUCE
MAR 2 2 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	1	
1 522	स्वर्वे ।	
SUBJECT: MBTC LLC	Rafier distance on t	
Nam	ne of Limited Liability Company	
erra.exposto@greal co	िक्रम कि क्यार १ राष्ट्र के के जार हैं। भारत्य क्षीतिम के बार जारूर अक्रम कर्म विकेश	transcriptors 1
The enclosed Articles of Organization and	I fee(s) are submitted for filing	
Please return all correspondence concernin	ng this matter to the following:	,
Trease return an correspondence consecunity	ing and matter to the rolle way.	
Ezra Exposito	·	
	Name of Person	
	b	
	Firm/Company	
	1 min Company	
3605 Malagrotta Circ	cle	
	Address	
Cape Coral, FL 33909	property of the expension of the contraction of the	
The exclusive families of the particular to	City/State and Zip Code	
ezra.exposito@gmail.cor	om Sci	<u></u>
E-mail address: (	(to be used for future annual report notification)	姜
For further information concerning this ma	atter, please call:	2
	ரு கூரார். இது	PK 9
Ezra Exposito	at (813 ) 469-0304 📆 💍	ই
Name of Person	Area Code & Daytime Telephone Number	N
	om >	'లు
Enclosed is a check for the following a	amount:	
\$125.00 Filing Fee \$130.00 Filing		
Certificate of		ıs &
	(additional copy is enclosed) Certified Copy (additional copy is enc	losed)
Mailing Addres		
Registration Sec Division of Cor		
I himmon of Cor	rporations Division of Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
MBTC,LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
3605 Malagrotta Circle	3605 Malagrotta Circle	
Cape Coral, FL 33909	Cape Coral, FL 33909	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	Registered Agent. You must designate an individue	
Ezra Exposito		<b>2</b>
	Name	
3605 Malagro	tta Circle	MAR 21  CORE PARY LAHASSE
Florida stro	eet address (P.O. Box NOT acceptable)	
Cape Coral	<sub>FL</sub> 33909	سيست المستحدد
C	ty, State, and Zip	SIN SIN C

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Ezra Exposito
***************************************	3605 Malagrotta Circle
	Cape Coral, FL 33909
MGR	Sumit Birla
	8244 Vassar Circle
	Tampa, FL 33634
LE V: Effective date, if other than fective date is listed, the date mu	n the date of filing: (OPTIO
ffective date is listed, the date mu days after the date of filing.)	n the date of filing: (OPTIO ust be specific and cannot be more than five business
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