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(Requestor's Name)
(Address)
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(Address)
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2011 SEP 14 PH J: 112

COVER LETTER

Registration Section

Division of Corporations MoJos INVESTORS GROUP, LLC
Name of Limited Liability Company enclosed Articles of Organization and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: TEFFREY C. CHASE

Name of Person

MOJOS INVESTORS GROUP, LLC

Firm/Company 2182 TELOGIA CT. WEST PALM BEACH, FL 33411 City/State and Zip Code

jeffrey. Chase a mojos dogs. Cans

JE-mail address: to be used for future annual report notification For further information concerning this matter, please call: effrey C. Chase at 813 951-7472 Area Code & Daytime Telephone Number 75 Enclosed is a check for the following amount: \$160.00 Filing Fee, \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

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)

Name and Address:
JEFFREY C. CHASE 2182 TELOGIA CT. WEST POLM BEACH, FL 33411
Zen SEP

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. 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)