

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : 120060000145
Phone : (305) 769-4936
Fax Number : (305) 769-1844

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA LIMITED LIABILITY CO. MODOLU INVESTMENT, LLC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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FEB 27 2012

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

MODOLU INVESTMENT, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **13083 NW 23 ST PEMBROKE PINES, FL 33028**

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

**ANGELA LUCCHESI
13083 NW 23 ST
PEMBROKE PINES, FL 33028**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 24 AM 8:27

FILED

Having been named as registered agent and to accept service of process for the above stated limited liability Company at 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

ARTICLE IV- Manager(s) or Managing Member(s):

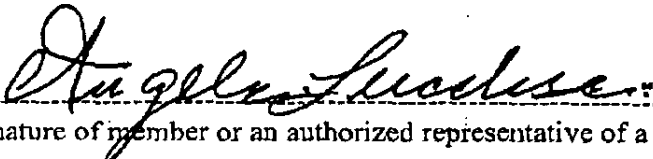
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGRM

ANGELA LUCCHESI
13083 NW 23 ST
PEMBROKE PINES, FL 33028


Signature of 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.)

ANGELA LUCCHESI

Typed or printed name of signee.

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2012 FEB 24 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA