# 1/20000/1883

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. BOSTICK
MAY - 8 2012

**EXAMINER** 

## COVER LETTER -

	TO:	Registration Section Division of Corporat		•		
	 SUBJE	11	4. D. E	Mosic LL aited Liability Company	<u>C</u>	
	The en	closed Articles of Organ	nization and fee(s) ar	e submitted for filing.		
	Please	return all correspondenc	e concerning this ma	atter to the following:		
•;			Ganel	Mandalus Nama of Barran		
		,		Name of Person		
			M. A.D. B	Firm/Company	2	
		188011	VE 3rd	CT 907- 20	27	
		Migmi'	Flori	ida 33/29 City/State and Zip Code		
		MIA				
	-	E-m	iail address: (to be used	6mai/cows For future annual report notification	)	
	For fur	her information concern	ning this matter, plea	se call:	12 k SEC TALL	
	100	Name of Perso	n	at ( 736 ) 291- 4 Area Code & Daytime T	elephone Number	
	Enclos	ed is a check for the f	ollowing amount:		AM I	Ö
<u></u>	\$125.00		0.00 Filing Fee & rtificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of status & Certified Copy (additional copy is enclosed)	
		Regi	ling Address istration Section sion of Corporations	Street/Courier Addre Registration Section Division of Corporation		

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

ADTICLE I Name	
ARTICLE I - Name: The name of the Limited Liability Company is:	
M. A. D. E. Masic (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1980/ NE 3rd CT apt.707 Miami FZ 33179	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another gistered agent are:
Haine	
1980/ NE 3rd CT	ess (P.O. Box NOT acceptable)
Miami FC City, State	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
1	SECR ALLA
Registered Agent's Signatur	
(CONTINU	ED)  AH II:
Page 1 of 2	10 S

#### 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:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Gane/ Mondelus
	1380/ NE 3rd CT 9pt707 migmi FL 33179
MGRM	Gordy Mondelis
	701 NW 2145T apt. 419 miami FL 33169
MGRM	Ted CalixTe
·	migmi FL 33/68
	HASS.
<del></del>	
(Use attachment if necessary)	LORIE
IF V. Effective data if other than th	e date of filing: . (OPTIONA)
LE V: Effective date, if other than th	be specific and cannot be more than five business day

**REQUIRED SIGNATURE:** 

ignature 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.)

Monole (US)
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)