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Effective Date 7/7/12

JUL 10 2012 T. HAMPTON

## **COVER LETTER**

, TO:	Registration Section Division of Corporations			
SUBJECT: MORDAY ENTERPRISES, LLC Name of Limited Liability Company				
The encl	osed Articles of Organization and	fee(s) are submitte	d for filing.	
Please re	turn all correspondence concernir	ng this matter to the	following:	
_	DAVID.	SONES Name of	Person	
-	MORDAY EN	TERPRISE Firm/Co	ES, LLC mpany	
Ž	200 KINGS HWY	BLD6 Addi	3-L, Sca,	ITE 213
_	PORT CHAR	LOTTE,	FLA 339	°80
_	PORT CHAR MORDAV <sup>2</sup> D E-mail address:	City/State and CALAL. (to be used for future	d Zip Code  ONC  annual report notification)	
For furth	er information concerning this ma			
	AVID JONES  Name of Person	<u> </u>	941 <u>639-</u> Area Code & Daytime Te	2809 Elephone Number
	is a check for the following a Filing Fee \$130.00 Filing Certificate of	Fee & \$155 Status Ccr	5.00 Filing Fee & tified Copy itional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

# Effective Date 7/7/12

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

MORDAY ENTERPRISES (Must end with the words "Limited Liabif	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
JIOO KINGS HWY BLDG 3-L SWITE I 13 PORT CHARLOTTE, FL 33980	2200 KINGS HWY BLDG 3-L SCUITE 213 PORT CHARLOTTE, FL 33980
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
NANCY CARR Name	ohh
2200 KINGS HULY, E Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
PORT CHARLOTTE City, Sta	FL 37980 Ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
have (	appa0 _ =

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 "MGRM" = Managing Member	Name and Address:
MGR	MOREAN JONES 107 RECTOR ST PHILADELPHIA, BA
MER	DAVID JONES 13674 TAMAKU TO NORTH PORT, FLA
MGR	NANCY CARROLL  1200 KING HIGHWAY  PORT CHARLOTTE, FL.
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: 7-7-2012. (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)