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AUG 2 8 2012

EXAMINER



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EFFECTIVE DATE 8 20 2012

OWISION OF CORPORATIONS

COVER LETTER

Registration Section

TO:

Division of Corporations	
_{suвјест:} Moga IIc	
30D0101:	Limited Liability Company
The enclosed Articles of Organization and feet Please return all correspondence concerning the	1/2/1/2/1/2/
Olivia Labella	
	Name of Person
Moga IIc	· · · · · · · · · · · · · · · · · · ·
	Firm/Company
395 NE 130 St.	
	Address
North Miami, FL 33161	
140/th Whath, 1 E 33/01	City/State and Zip Code
ollýlb@yahosi t - ollilb@	yahoo.it
	e used for future annual report notification)
For further information concerning this matter,	please call:
Michael Labella	at (786) 302-6777
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$125.00 Filing Fee S130.00 Filing Fee Certificate of State	
Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building

EFFECTIVE DATE 8/20/20/2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Moga LLC.		무.
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	**************************************
ARTICLE II - Address:		
	s of the principal office of the Limited Lia	hility Comban
The manning address and street addres	s of the principal office of the Elimited Ela	onity Coldina
Principal Office Address:	Mailing Address:	
395 NE 130 ST	395 NE 130 ST	چ <u>ر</u> س
	North Miami, FL 33161	
North Miami, FL 33161		

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

Michael Labella

Name

395 NE 130 ST

Florida street address (P.O. Box NOT acceptable)

North Miami

FL 33161

City, State, and Zip

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:

MGRM	Olivia Labella
	395 NE 130 St
	North Miami, FL 33161
(Use attachment if necessary)	20TH
	ne date of filing: AUSUST 2012 (OPTION

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.)

Olivia Labella

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)