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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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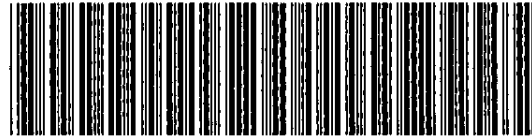
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 JUL 16 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUL 17 2013

EDWARD L. LARSEN, ESQ., P.A.

ATTORNEY AT LAW

The Chamber Building
2390 Tamiami Trail North
Suite 202
Naples, Florida 34103
(239) 643-0100
www.EdwardLarsenEsq.com

ADMITTED: FL, NY, NJ
JD, MBA, LL.M

July 15, 2013

Via Federal Express
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: MICNMOC, LLC.

Dear Sir / Madam:


In regard to the above referenced LLC, enclosed please find the following for submission:

1. Articles of Organization;
2. Certificate of Designation of Registered Agent / Registered Office; and
3. Attorney draft #1980 in the sum of \$125;

Should you have any questions please do not hesitate to contact me.

Thank you.

Very truly yours,



Edward L. Larsen

enc.

cc: Micnmoc, LLC

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ARTICLES OF ORGANIZATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

MICNMOC, LLC

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, hereby sets forth the following:

1. Name: The name of the limited liability company is Micnmoc, LLC (hereinafter referred to as the "Company").

2. Period of Duration: Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the Company shall be perpetual.

3. Purpose: The purpose for which the Company is organized is to engage in any and all other business and activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. Address Of Place Of Business: The mailing address for the Company is 489 Countryside Drive, Naples, Florida 34104, and the street address of the place of business for the Company is 489 Countryside Drive, Naples, Florida 34104. These addresses may be changed from time to time as provided in the Operating Agreement.

5. Registered Agent: The initial registered agent in Florida for the Company is Michael Stein, and the initial registered office is located at 489 Countryside Drive, Naples, Florida 34104.

6. Capital Contributions: Contributions to the capital of the Company shall be made by the member, in the manner prescribed by the written Operating Agreement made and entered into by the member and which may be amended from time to time in accordance with its terms.

7. Members: The Company shall have at least one member and may admit additional members on the prior unanimous written agreement of the then-existing members, or as otherwise provided in the Operating Agreement.

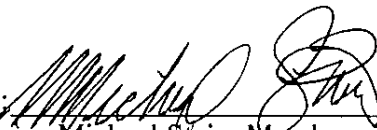
8. Continuity of Business: On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, or upon any other event that, under the Act, would result in dissolution of the Company, the business of the Company may be continued and the Company will not be dissolved without the prior written consent of all the remaining members of the Company.

9. Management: The overall management and control of the business and affairs of the Company shall be vested in its members, as provided in these Articles of Organization and section 608.407 of the Act.

10. Indemnification: Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

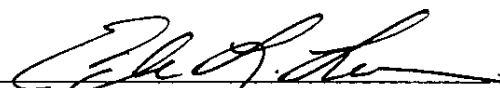
Executed at Naples, Florida, on July __, 2013

Micnmoc, LLC
a Florida limited liability company

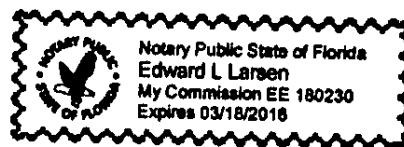
By: 
Michael Stein, Member

STATE OF FLORIDA :
SS.
COUNTY OF COLLIER :

The foregoing instrument was acknowledged before me on July 15, 2013, by Michael Stein, as Member of Micnmoc, LLC, who is personally known to me or produced _____ as identification.


Notary Public — State of Florida

(Seal)



CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT / REGISTERED OFFICE
OF
MICNMOC, LLC

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned member of the Micnmoc, LLC submits the following statement in designating the registered office / registered agent, in the State of Florida:

- (1) The name of limited liability company is Micnmoc, LLC.
- (2) The name and address of the registered agent and his office is: Michael Stein, 489 Countryside Drive, Naples, Florida 34104.

Having been named as registered agent to accept service of process for the above-named 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.

Executed at Naples, Florida, on July 15, 2013

By: 
Michael Stein, Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA :
SS.
COUNTY OF COLLIER :

The foregoing instrument was acknowledged before me on July 15, 2013, by Michael Stein, as Registered Agent, who is personally known to me or produced _____ as identification.


Notary Public — State of Florida

(Seal)

