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COVER LETTER

egistration Section ivision of Corporations	·	
: MolinA, Jose 1	nanuel LLC.	
Name of L	imited Liability Company	•
ed Articles of Organization and fee(s)	are submitted for filing.	
rn all correspondence concerning this	matter to the following:	
Jase Molinn		
	Name of Person	
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
2308 W CI	ifter St	
	Address	
TAMOS FL	33603	
1	City/State and Zip Code	
E-mail address: (to be us	sed for future annual report notification	on)
information concerning this matter, pl	ease call:	
Moling at at a		ohone Number
a check for the following amount:		
ling Fee U\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		<u>ss</u>
Registration Section Division of Corporations		ns
P.O. Box 6327	Clifton Building	
	E-mail address: (to be use information concerning this matter, plane of Person a check for the following amount: ling Fee \$\int_{130.00} \text{Figs.} Figs. Mailing Address Registration Section Division of Corporations	Particles of Organization and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: The particles of Organization and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: The particles of Organization and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Pirm/Company Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification information concerning this matter, please call: Moling and at (8(3)) 476 80 Name of Person Area Code Daytime Telepton a check for the following amount: Ing Fee \$\int_{\text{310.00}} \text{5130.00} \text{Filing Fee & Certified Copy (additional copy is enclosed)} Mailing Address Registration Section P.O. Box 6327 Street/Courier Address Registration of Corporation Division of Corporation Division of Corporation Colifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:			
Moling	Jose Manu	e Liability Con	<u>, </u> <u> </u>	or "LLC.")
ARTICLE II - Address:	eet address of the principal of			
Principal Office Address:		Mailing A	Address:	
2308 W (11f) Throph fc 33603	en St			tor St
(The Limited Liability Com	Agent, Registered Office, opany cannot serve as its own an active Florida registration	Registered A		
	reet address of the registered	_		
	Joses Molina			
	Joses Molina Name 2308 W Cliffor	St		
	orida street address (P.O. Box			
	Tamph	FL	33603	
	City		Zip	
the place designated in t capacity. I further agree t	his certificate, I hereby accept o comply with the provisions o miliar with and accept the obl	t the appoints of all statutes	nent as registerea relating to the pr	stated limited liability company at I agent and agree to act in this oper and complete performance stered agent as provided for in
_	Ord. Mel	ina		14 SEC TALL
	Registered Agent's Signat	ure (REQUI	RED)	RE AH,
	(CONTINUI Page 1 of 2	ED)		TARY OF SAN
	1 agc 1 012			AH 8: 13 OF STATE E. FLORIDA

Title: "AMBR" = Authorized "MGR" = Manager	i Member	Name and Address:
MGR	-	Jose Molina 2308 W. Cliffon St Timpin FL 33603
	-	
(Use attachment if neco	•	······································
ICLE V: Effective date, if of a effective date is listed, the ate of filing.)	other than the date of f e date must be specifi	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 da
ICLE V: Effective date, if on the listed, the listed, the late of filing.)	other than the date of f e date must be specifi	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 da
ICLE V: Effective date, if of effective date is listed, the ate of filing.)	other than the date of fee date must be specififing. if any.	ic and cannot be more than five business days prior to or 90 da
ICLE V: Effective date, if on effective date is listed, the ate of filing.) ICLE VI: Other provisions, REQUIRED SIGNAT (In accordance constitutes at I am aware the ate of th	if any. TURE: Signature of a membre with section 605.02 a affirmation under the nat any false information.	filing: