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PICK-UP	☐ WAIT	MAIL
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J. Shivers FEB 2 4 2015

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Modern Goods LLC, Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	John Migetz Jr.	Name of Person	<del></del>
	N/A		<u> </u>
	,	Firm/Company	
	100 W. Grant St. # 4062	Address	
	Orlando, FL 32806		
<u>M</u>	odernGoodsLLC@gmail.com E-mail address: (to be use	City/State and Zip Code	ation)
For fur	ther information concerning this matter, ple	ase call:	
John I	Migetz Jr. at (	407 ) 4972981 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	O Filing Fee \$\bigsiz \mathbb{S}\$130.00 Filing Fee \$\bigsiz \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Modern Goods LLC.  (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
100 W. Grant St. # 4062	100 W. Grant St. # 4062
Orlando, FL 32806	Orlando, FL 32806
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a	egistered Agent. You must designate an indivídual or )
	50 5.7.
John Migetz Jr.	<u> </u>
Name	
100 W. Grant St. # 4062	
Florida street address (P.O. Box I	NOT acceptable)
Orlando	FL 32806
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	D) Fig. G
Page 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	John Migetz Jr.
	100 W. Grant St. # 4062
	Orlando, FL 32806
AMBR	Michael Stein
	100 W. Grant St. # 4062
	Orlando, FL 32806
(Use attachment if necessary)	
ective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
ective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member.  in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  information submitted in a document to the Department of State
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation used in the constitutes at third degree for the constitutes at the	member or an authorized representative of a member.  in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
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REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation ulam aware that any false in constitutes a third degree for John Migetz  \$125.00 Filing Fee for Articles of	member or an authorized representative of a member.  in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  information submitted in a document to the Department of State delony as provided for in s.817.155, F.S.)  Jr.  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  1)