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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Modern Museum Art LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Modern Museum Art LLC Firm/Company
Modern Museum Art LLC Firm/Company
13911 Sandy Hill Loop of 102
City/State and Zip Code davidgee @modern museumart. com E-mail address: (tobe used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Modern Museum Art LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
13911 Sandy Hill Loop d102 Tampa, FL 33613	13911 Sandy Hill loop of 102 Tampa, FL 33613

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

Name

13911 Sandy Hill loop d 102

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

Tampa FL 33613

City State 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager M G R	Name and Address: David Gallagher 13911 Sandytill loop dloz Tamoa FL 33613
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(Use attachment if necessary) CLE V: Effective date, if other than the date	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.)	neet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date effective date is listed, the date must be spute of filing.) If the date inserted in this block does not	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be listed

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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)

Page 2 of 2