

L16000205919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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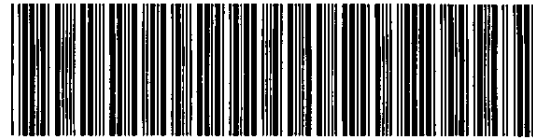
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 NOV -7 AM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T0: Registration Section

cDivision of Corporations

SUBJECT: Prandogi, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clovis Moodie
3638 SE 2nd Street
Boynton Beach, FL 33435

Email: mcav05@bellsouth.net

For further information concerning this matter, please call:

Clovis Moodie at 561. 601.9492

Enclosed is a check of the following amount:

\$125.00 Filing Fee

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is: Prandogi LLC.

ARTICLE II: The mailing address and the street address of the principal office of the limited liability company.

Principal Office Address

3638 SE 2nd Street
Boynton Beach, FL 33435

Mailing Address

3638 SE 2nd Street
Boynton Beach, FL 33435

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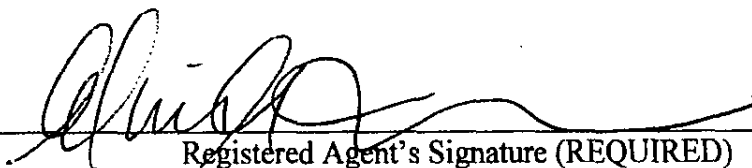
ARTICLE III: Office, and Registered Agent's Signature:

(The registered agent must sign and state that he/she is familiar with and accepts the obligations of the position.)

The name and Florida street address of the limited liability company's Registered Agent.

Clovis Moodie
3638 SE 2nd Street
Boynton Beach, FL 33435

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated on 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)

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company.

Clovis Moodie – Manager

3638 SE 2nd Street
Boynton Beach, FL 33435

ARTICLE V: Effective date, if other than the date of filing: Filing Date


Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts herein stated 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.

Clovis Moodie

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 and Status (Optional)

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STATE OF FLORIDA
TALLAHASSEE FLORIDA