Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Morada Cove Partners, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. FASON

FEB 23 7071

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Corporate Filing Menu

Help

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	MORADA CO			
(Must contain the w	ords "Limited Lial	bility Company	, "L.L.C.," or "LLC.")	
CLE II - Address:				
ailing address and street address of	the principal offic	e of the Limite	d Liability Company is:	
Principal Office Address:			Mailing Address:	
10 Fairway Dr., Suite 217		10	10 Fairway Dr., Suite 217	
Deerfield Beach, FL 33441		De	Deerfield Beach, FL 33441	
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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)

Marc Soloman Esq. as attorney-in-fact #

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	David J. Peterson	
	220 Hillsboro Technology Dr. S Deefield Beach, FL 33441	Suite 130
MGR	1001 Hibinary Land	
	Delray Beach, FL 33444	
(Use attachment if necessary)		
CI E.V. Effective data if other there th	e date of filing:	(ORTIONAL)
Affactive date is listed, the date must	be specific and cannot be more than five	husiness days prior to or 90 days aft
ite of filing.)	be specific and cannot be more than it	business anys prior to an yourself and
	s not meet the applicable statutory filing re tment of State's records.	equirements, this date will not be listed

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member. 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.

Solikin, Is

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)