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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Do	ocument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1100 East Moody 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	g:
Mark L. Quinn	
(Name of Person)	
1100 East Moody LLC	
(Firm/Company)	
34 Van Doren Ave	
(Address)	
Somerset, NJ 08873	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mark L. Quinn at ( 732 ) 672.3019	NEC SEC
(Name of Person) (Area Code & Daytime Telephone No	FILED  04 SEP 30 PM 12: 41  SECHETARY OF STATE TALLAHASSEE, FLORIDA    B

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1100 East Moody	LLC	<u></u>	<u>. *** ***</u> . ****		
ARTICLE II - The mailing add		principal office of the Limited I	Liability Company is:		
Principal Office Address:		Mailing Address:	Mailing Address:		
34 Van Doren Ave		34 Van Doren Ave	34 Van Doren Ave		
Somerset, NJ 08	873	Somerset, NJ 08873			
	- Registered Agent, Registe	red Office, & Registered Agentic registered agent are:			
		, ,			
	ne Florida street address of th	ne registered agent are:	O4 SEP 30 SECRETARY TALLAHASSEE		
	ne Florida street address of the Sidney M. Nowell Esq.	ne registered agent are:	O4 SEP 30 SECRETARY TALLAHASSEE		
	Sidney M. Nowell Esq.  Na  1102 East Moody Blvd	ne registered agent are:	O4 SEP 31 SECTION OF		

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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

# משט מעיי

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Mark L. Quinn
	34 Van Doren Ave
	Somerset, NJ 08873
,	
MGRM	Ofiver B. Quinn
	201 Pemberton Ave
· . * . "	Plainfield, NJ 07060
en de la companya de	
MGRM	Sidney M. Nowell
	1102 East Moody Blvd
€ W	Bunnell, FL 32110
• • • • • • • • • • • • • • • • • • •	
	· · · · · · · · · · · · · · · · · · ·

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark L. Quinn

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)