# L2200058354

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400381321694

SECRETARY OF STATE AT 108

92/09/22--01001--018

2022 FE8 -8 PH 3: 3

**20**明ラン・・・・

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MORAN REAL	ESTATE INVESTMENTS	SLIC
<del></del>		
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	

## **COVER LETTER**

	New Filing Section Division of Corporations	
SUBJECT	Moran Real Estate Investments LLC	
000000	Name of Limited Liability Company	<del></del>
The enclos	osed Articles of Organization and fee(s) are submitted for filing.	
Please retu	turn all correspondence concerning this matter to the following:	
	Kristopher E. Fernandez, Esquire	
	Name of Person	<del> </del>
	Kristopher E. Fernandez, PA	
	Firm/Company	
	114 S. Fremont Avenue	
	Address	
	Tampa, FL 33606	
	City/State and Zip Code kfernandez@kfernandezlaw.com	
•	E-mail address: (to be used for future annual report of	otification)
For further i	information concerning this matter, please call:	
	Kristopher E. Fernandez 813 832-6340	
		elephone Number
Enclosed is	is a check for the following amount:	
\$125.00 Fi	Filing Fee \$\sum_{\text{Certificate of Status}} \sum_{\text{S155.00 Filing Fee & Certified Copy}} \text{Certified Copy is encl}	Certificate of Status &
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildiTallahassee, FL 323142661 Executive Tallahassee, FL	ction orporations ng ve Center Circle



February 9, 2022

CAPITAL CONNECTION

SUBJECT: MORAN REAL ESTATE INVESTMENTS LLC

Ref. Number: W22000014664

We have received your document for MORAN REAL ESTATE INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 122A00003191

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED	. :
SECRETARY OF STATE	
are a recommendation of the facility	NC.

A	R	TI	C	L.F.	1	_ '	٧.	me:

The name of the Limited Liability Company is:

2022 FEB 14 PM 4: 00

(Must c	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and stree	et address of the principal o	office of the Limited	Liability Company is:		
Principal Office Address: 712 S. Howard Avenue			Mailing Address:		
		712	712 S. Howard Avenue		
Apt. 122		Apt.	Apt. 122		
Tampa, FL 33606	<u> </u>	Tam	pa, FL 33606		
	Liorn Moran				
	Liora Moran	Name	<u> </u>		
	Liora Moran  712 S. Howard Aver				
		nue, Apt. 122	cceptable)		
	712 S. Howard Aver	nue, Apt. 122	cceptable) 33606		
	712 S. Howard Aver Florida street addres	nue, Apt. 122 s (P.O. Box <u>NOT</u> a	•		
lace designated in this certificant in the certific	712 S. Howard Aver Florida street addres  Tampa  City  ed agent and to accept serve ate, I hereby accept the app es provisions of all statutes re	s (P.O. Box NOT a  FL  State  ice of process for the ointment as registere elating to the proper	33606	capacity v duties, a	
ace designated in this certificanther agree to comply with the	712 S. Howard Aver Florida street addres  Tampa  City  ed agent and to accept serve ate, I hereby accept the app es provisions of all statutes re	s (P.O. Box NOT a  FL  State  ice of process for the ointment as registere elating to the proper	33606 Zip above stated limited liability coned agent and agree to act in this cand complete performance of my	capacity v duties, a	

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Eyal Moran 712 S. Howard Avenue, Apt. 122	
MGR	Tampa, FL 33606 Liora Moran	3092 9092
MOK	/1/ N HOWARD Avenue Ant 1//	F 6
		B 14 PM
		PH 4: 00
		0
(Use attachment if necessary)		
date of filing.)	effic and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will not	•
TICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a men This document is execute I am aware that any false i	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
Signature of a men This document is execute I am aware that any false i	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State	

#### 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)