

L03000045548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

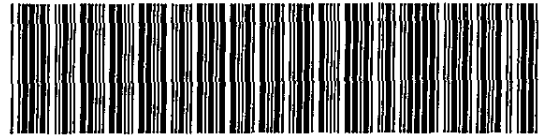
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11/19
mist



100024651501

11/14/03--01070--017 **125.00

FILED
FALLAGASSEE, LOUISIANA

03 NOV 14 AM 9:00

FILED

11/14/03



BIANCO MOON

1437 Wolfe Street

Jacksonville, FL 32205

11.13.03

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

LLC Application

NAME: Bianco Moon
AGENT: Carol Bianco
ADDRESS: 1437 Wolfe Street
Jacksonville, FL 32205

PHONE: 904.981.9262
FAX: 904.981.9781

Thank you,

Carol Bianco

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 NOV 14 AM 9:00

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bianco Moon
(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:

Carol Bianco
(Name of Person)

Bianco Moon
(Firm/Company)

1937 Wolfe St
(Address)

Jacksonville Fla 32205
(City/State and Zip Code)

TALLAHASSEE, FLORIDA

03 NOV 14 AM 9:00

FILED

For further information concerning this matter, please call:

Carol Bianco at 904 981-9262
(Name of Person) (Area Code & Daytime Telephone Number)

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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bianco Moon "LLC"

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1437 Wolfe ST
JAX, Fla ~~32200~~ 32205

Same

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

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

Carol Bianco
Name

1437 Wolfe ST
Florida street address (P.O. Box NOT acceptable)

Jacksonville FLORIDA ~~32250~~ 32205
City, State, and Zip

03 NOV 14 AM 9:00
FILED
TALLAHASSEE FLORIDA

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..

x Carol Bianco
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Carol Bianco
1437 Walter St
Jacksonville, FL 32205

(Use attachment if necessary)

FILED
03 NOV 14 AM 9:00
STATE OF FLORIDA
TALLAHASSEE

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

REQUIRED SIGNATURE:

x Carol Bianco
Signature of a member or 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.)

Carol Bianco
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)