## LOOODO 4333

8802 East Bay Circle Ft Myers, FL 33908 Phone 941-277-7826 Fax 504-522-6906

Please return the articles of incorporation to the above address and fax a copy of the certification to the fax number above.

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300003168683--2 -03/14/00--01058--003 \*\*\*\*155.00 \*\*\*\*155.00

> OO MAR IL PM 3: 50 SECRETARY OF STAIL

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 20, 2000

MOSS-SPERRY & ASSOCIATES L.L.C. 8802 EAST BAY CIRCLE FT MYERS, FL 33908

SUBJECT: MOSS-SPERRY & ASSOCIATES L.L.C.

Ref. Number: W00000007379

We have received your document for MOSS-SPERRY & ASSOCIATES L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 13, 2000. Please amend your document accordingly.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 300A00015245

Show Mark Date
DISASE HECTIVE DATE

JUE HECTIVE DATE

3/14/00
RENT

SECRETARY OF STATE TALL AHASSEE FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Company is:	Moss-Sperry	& Associates L.L	ے۔
	Address: ress and street address of the print East Bay Circle yees, FL 33908	ncipal office of the Limi	ted Liability Company is:	
ARTICLE III -	Registered Agent, Registered	Office, & Registered A	gent's Signature:	
The name and th	e Florida street address of the re	gistered agent are:		
	<u>tort Myer</u>	(P.O. Box NOT acceptable)	<u></u>	-
liability compan registered agent statutes relating	ned as registered agent and to ac y at the place designated in this c and agree to act in this capacity to the proper and complete perfo ations of my position as registere Regist	sertificate, I hereby acce . I further agree to compormance of my duties, an	pt the appointment as ply with the provisions of all ad I am familiar with and	!
✓ The Limite	anagement (Check box if applid Liability Company is to be manager - managed company.  The effective date of	naged by one manager of	<b>3/14</b> /00 20\$	
Mariete >	(An additional article must be	added if an effective dat	e is requested)	
	Signature of a member or		ve of a member.	
	that the facts stated herein a  RICHARD DAY  Typed or	an affirmation under the per re true.)	nalties of perjury LAHAR 14 PM	ר = ח
	\$ 100.00 Filing Fee for Ar \$ 25.00 Designation of R \$ 30.00 Certified Copy ( \$ 5.00 Certificate of Sta	ticles of Organization egistered Agent OPTIONAL)	3: 50 STATE LORIDA	