

ALAN M MOUDY

Requester's Name

2910 KERRY FOREST PKWY D4-146

Address

TALLAHASSEE FL 32308 933-4168

City/State/Zip

Phone #

L0000000 15226

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MOUDY + LINDSTROM LLC

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

200003494942--8
-12/11/00--01090--003
****175.00 ****125.00

3. _____

(Corporation Name)

(Document #)

200003494942--8
-12/11/00--01090--003
****125.00 ****125.00

4. _____

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

APPROVED
AND
FILED
00 DEC 11 AM 11:52
2009 DEC 11 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
RECEIVED
DEPARTMENT OF STATE
SUPERVISOR OF FILINGS

Examiner's Initials

12-11-00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOUDY AND LINDSTROM, LLC

ARTICLE II - Address:

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

2910 KERRY FOREST PKWY D4-146
TALLAHASSEE FL 32308

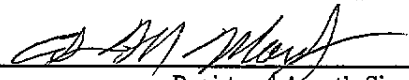
3239 BLACK GOLD TR.
TALLAHASSEE FL 32308

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

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

ALAN M MOUDY
Name
3186 FERNS GLEN DR.
Florida street address (P.O. Box **NOT** acceptable)
TALLAHASSEE FL 32308
City, State, and Zip

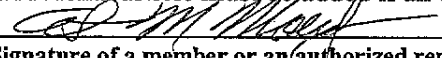
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S..


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

ALAN M MOUDY
Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 DEC 11 AM 11:52

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