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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

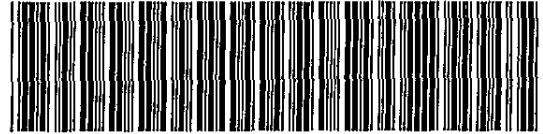
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03 NOV 14 AM 9:00  
FALLASSEE, LOUISIANA



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

FILED  
03 NOV 14 AM 9:00  
TALLAHASSEE, FLORIDA

904.981.9262 Phone

904.981.9781 Fax

[www.biancomoon.com](http://www.biancomoon.com)

# 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)

FILED  
TALLAHASSEE, FLORIDA

03 NOV 14 AM 9:00

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

*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

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03 NOV 14 AM 9:00  
TALLAHASSEE, FLORIDA

**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 Wolfe St  
Jacksonville, FL 32205

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(Use attachment if necessary)

03 NOV 14 AM 9:00  
FILED  
SILVER SPRING  
FLORIDA

**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)