

L03000046944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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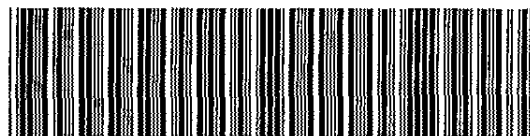
(Business Entity Name)

(Document Number)

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NOV 24 2003

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Morcraft, LLC  
(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:

Robin D. Moore  
(Name of Person)

Morcraft, LLC  
(Firm/Company)

1548 Marion Avenue  
(Address)

Tallahassee, FL 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robin D. Moore at ( 850 ) 321-1647  
(Name of Person) (Area Code & Daytime Telephone Number)

**EFFECTIVE DATE**

01/01/04

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TALLAHASSEE FLORIDA

**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:

Morcraft, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1548 Marion Avenue

Tallahassee, FL 32303

**Mailing Address:**

1548 Marion Avenue

Tallahassee, FL 32303

**EFFECTIVE DATE:**

01/01/06

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

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

Sandra Stockwell

Name

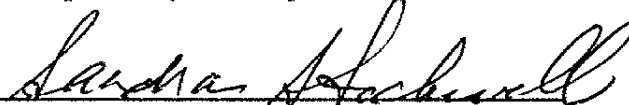
3800 Commonwealth Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FLORIDA 32399

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..*



Registered Agent's Signature

**ARTICLE IV – Manager**

The Manager and the manager's address are:

Robin D. Moore  
1548 Marion Avenue  
Tallahassee, FL 32303

**ARTICLE V – Members**

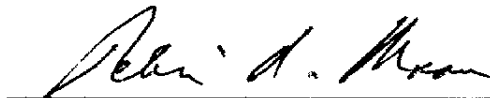
This organization is a single member organization. The sole member is:

Robin D. Moore

**ARTICLE VI – Effective Date**

The effective date of this organization is: January 1, 2004

**SIGNATURE OF MANAGER**



Robin D. Moore

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