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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

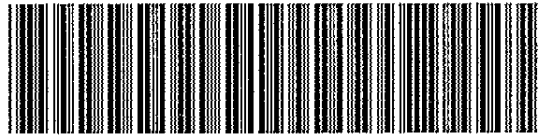
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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Just

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: John W. Moore Jr. 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:

John W. Moore Jr.  
(Name of Person)

John W. Moore Jr. LLC  
(Firm/Company)

24874 NE IRA Fowler Rd  
(Address)

ALTHA FL 32421  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

John W. Moore Jr. at 850.762-3655  
(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:

John W. Moore Jr. 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:

24874 NE. IRA Fowler Rd.  
ALTHA, FL 32421

24874 NE. IRA Fowler Rd  
ALTHA, FL 32421

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

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

John W. Moore Jr.

Name

24874 NE. IRA FOWLER Rd.

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

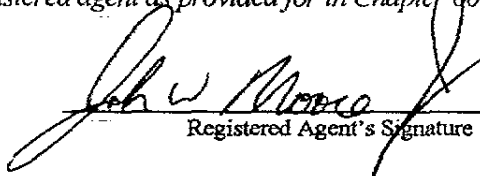
ALTHA

FLORIDA

32421

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

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TALLAHASSEE, FLORIDA

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**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:**

MGRM

John W. Moore Jr  
24874 N.E. IRA Fowler Rd.  
ALTAHA, FL 32421


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

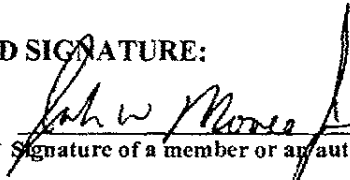
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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

John W. Moore Jr.

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)

STATE OF FLORIDA  
COUNTY OF CALHOUN

Before me, the undersigned authority, personally appeared John W. Moore Jr.  
who being duly sworn, deposes and says:

That he is the owner of 10%, or more, of the business known as John W. Moore Jr. L!

John W. Moore Jr.  
Signature

Address:

24874 NE IRA FOWLER Rd.  
ALTA, FL 32421

STATE OF FLORIDA  
COUNTY OF CALHOUN

Sworn to and subscribed before me this 25 day of November, 2003.

by John W. Moore, Jr.

Personally Known ☒

OR Produced Identification ☐

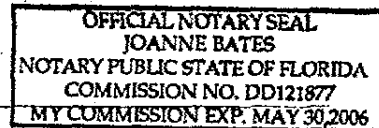
Type of Identification Produced

NOTARY SIGNATURE

Joanne Bates

My Commission Expires

May 30, 2006



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TALLAHASSEE, FLORIDA

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