

LO400000000442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/24 FL LC

Office Use Only

EFFECTIVE 1/1/04



300025649433

12/24/03--01063--004 **125.00

MM

FILED
03 DEC 24 PM 5:40
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERT L. MOORE Excavating 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:

ROBERT L. MOORE
(Name of Person)

(Firm/Company)

3445 S. Forbes Rd
(Address)

DOVER, FL. 33522
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCES MOORE at 813, 754-8413
(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:

ROBERT L. MOORE Excavating LLC

ARTICLE II - Address:

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

Principal Office Address:

3445 S. FORBES RD.
DOVER, FL. 33527

Mailing Address:

3445 S. FORBES RD
DOVER, FL. 33527

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

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

FRANCES MOORE
Name

3445 S. FORBES RD
Florida street address (P.O. Box NOT acceptable)

DOVER, FLORIDA 33527
City, State, and Zip

FILED
03 DEC 24 PM 5:40
CLERK OF COURT
TALLAHASSEE FLORIDA

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..

Frances Moore
Registered Agent's Signature

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 _____

ROBERT L. MOORE
3445 S. FORBES
DOVER, FL. 33527

MGRM _____

JAMES D. MOORE
P.O. 433
Sydney FL. 33587

(Use attachment if necessary)

ARTICLE V EFFECTIVE DATE Jan. 1, 2004

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

REQUIRED SIGNATURE:

Robert L. Moore
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.)

ROBERT L. MOORE
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)