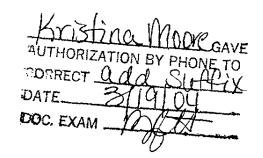
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Special Instructions to Filing Officer:  310 FCC		
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Moore Lines (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:		
Kristina Moore (Name of Person)		
Moore Lines (Firm/Company)		
1632 Bowmans Trail		
(Address)		
Lakeland Fl 33809 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (863) 859-6057 (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:		
Moore Lines UC	Samuel State of the State of th	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1632 Bowmans Trail	1632 Bowmans Trail	
Lakeland, FL 33809	1632 Bowmans Trail Lakeland, FC 33809	
<u> </u>		
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	od agent are:	
Kristina M. Moor	e T	
1632 Bowmans Tr		
Florida street address (P.O. Box N	OT acceptable)	
Lakeland FLORIDA 33809		
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

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR/OWNER	Kristina M. Moore 1632 Bowmans Trai Lakeland, FC 33809
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
Kustin	an authorized representative of a member.
of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)  Moore 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)