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TRANSMITTAL LETTER

		· · · · · · · · · · · · · · · · · · ·		
TO: Registration Section Division of Corporations		u are		
SUBJECT: MOORE'S	Name of Limited Liability	Service (LC_	
The enclosed Articles of Organization ar				
Jos Moore (Name of Perso	on)	·		
(Firm/Compan	y)	<u>ara</u> na katang ka	ag et til a	SECRE TALL AH
288 Nall P	-d		est print of	SECRETARY OF ALLAHASSEE, F
Samont Fl (City/State and	3233 (e Zip Code)	<u> </u>	.:	STATE LORIDA 2: 47
For further information concerning this n	natter, please call:			
DERDNICO W (Name of Person)	00RE at 85	D 567-9 Dade & Daytime Telephone Nur	1033 mber)	

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's Handing Service 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:
288 Hall Rd Lamont Fl 32336	Same

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

The name and the Florida street address of the registered agent are:	170	SEC
Vernica Moore	MAY	CRET
Name	20	ARY SSI
288 Hall Rd	M	
Florida street address (P.O. Box NOT acceptable)	· 15	STA
Lamout FL 32336	7	
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, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Joe Moore Jr 288 Hall Pal Zamont Fl 32336
	SECRE TALLAH
	ARY OF ASSEE, F
(Use attachment if necessary)	STATE LORIDA

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

REQUIRED SIGNATURE:

ignature 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.)

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)