

L04000043343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

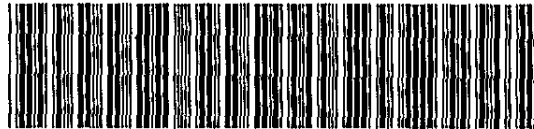
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/04--01064--003 **100.00

06/04/04--01064--004 **25.00

6-204

TRANSMITTAL LETTER

ATX1

Registration Section
Division of Corporations

SUBJECT: JOHNNY MOORE 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:

JOHNNY MOORE

(Name of Person)

JOHNNY MOORE LLC

(Firm/Company)

319 FLORIDA STREET

(Address)

NICEVILLE, FL 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

SHERIE FISCHER

(Name of Person)

at **850-863-3378**

(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

JOHNNY MOORE LLC

**ARTICLES OF ORGANIZATION
FOR
FOR FLORIDA LIMITED LIABILITY COMPANY**

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOHNNY MOORE LLC

ARTICLE II - Address:

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

Principal Office Address:

JOHNNY MOORE LLC

319 FLORIDA STREET

NICEVILLE, FL 32578

Mailing Address:

JOHNNY MOORE LLC

319 FLORIDA STREET

NICEVILLE, FL 32578

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

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

Sherie Fischer
Name

1524 W Ponderosa Rd
Florida street address (P.O. Box **NOT** acceptable)

FWB FLORIDA 32547
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..

Sherie Fischer
Registered Agent's Signature

JOHNNY MOORE LLC

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

ATX1

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOHNNY MOORE

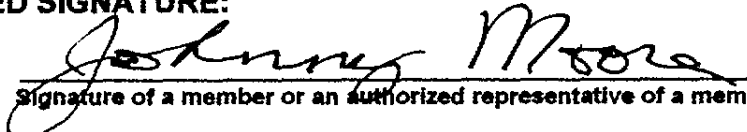
319 FLORIDA STREET

NICEVILLE, FL 32578

(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.)

JOHNNY MOORE

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)