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TALLAHASSEE, FL

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## Transmittal Letter

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: MOSES REYES, LLC**

(Proposed Limited Liability Corporate name – must include suffix)

Enclosed is an original and one(1) copy of the articles of organization for Florida Limited Liability Company and a check for:

☐ \$125.00  
Filing Fee  
& Designated  
Registered Agent.

☒ \$130.00  
Filing Fee/RA  
& Certificate of Status

☐ \$155.00  
Filing Fee  
& Certified Copy  
**ADDITIONAL COPY REQUIRED**

☐ \$160.00  
Filing Fee,  
Certified Copy  
& Certificate of Status

FILED  
2004 JUL 14 P  
SECRETARY OF  
TALLAHASSEE, FL

**FROM: MOSES REYES**

Name (Printed or Typed)

185 HEDGEWOOD AVE

Address

DELTONA, FL 32738

City, State & Zip

407-330-1863

Daytime Telephone Number

**NOTE: Please provide the original and one copy of the articles.**

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: MOSES REYES, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 185 HEDGEWOOD AVE, DELTONA, FL 32738

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MOSES REYES

Name

185 HEDGEWOOD AVE

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

DELTONA, FL 32738

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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*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

**ARTICLE IV – Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager managed company.

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

**TITLE**

MGR


**NAME & ADDRESS**

MOSES REYES

185 HEDGEWOOD AVE DELTONA, FL 32738

**ARTICLE V – Effective Date**

The Limited Liability Company requested effective date is July 15, 2004



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.)

MOSES REYES

Typed are printed name of signee

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TALLAHASSEE  
SECRETARY OF STATE

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