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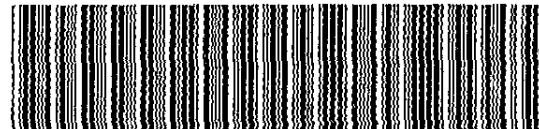
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A. Moabery & Associates, 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:

George W. Kelsey  
(Name of Person)

Kelsey Law Group, P.C.  
(Firm/Company)

2395 S. Huron Parkway, Suite 200  
(Address)

Ann Arbor, MI 48104  
(City/State and Zip Code)

For further information concerning this matter, please call:

George W. Kelsey at ( 734 ) 973-1222  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A. Moabery & Associates, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5400 NW 35th Avenue, Building 16  
Fort Lauderdale, FL 33309

**Mailing Address:**

5400 NW 35th Avenue, Building 16  
Fort Lauderdale, FL 33309

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

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

Abdol Moabery

Name

5400 NW 35th Avenue, Building 16

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

Fort Lauderdale FL 33309

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)

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FLORIDA  
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

~~Fort Lauderdale, FL 33309~~

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