

# L05000018827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

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Document  
Examiner

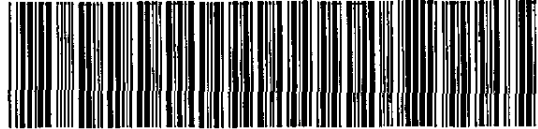
Updater

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Verifier

Acknowledgement

W. P. Verifier

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Morless Construction LLC  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Auburn Lake Bookkeeping & Tax  
Name (Printed or typed)

335 Hawkdale Blvd  
Address

Auburn Lake, FL 33823  
City, State & Zip

888-965-1161  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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

ARTICLES OF ORGANIZATION

Moreless Construction LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is Moreless Construction LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:  
  
126 E Park St Lakeland, FL 33803
4. **Mailing Address.** The mailing address of the limited liability company is:  
  
126 E Park St Lakeland, FL 33803
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:


Leslie Raines  
126 E Park ST  
Lakeland, FL 33803

*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 provision 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.*

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TALLAHASSEE, FLORIDA

  
Leslie Raines

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

  
Leslie Raines  
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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