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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 31 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JERRY MOORE FLORIDA OPERATIONS, L.L.C.
(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:

Lisa Kennedy
(Name of Person)

The Tax Shelter
(Firm/Company)

2440 WALL STREET, SUITE A
(Address)

CONYERS, GA 30013
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Kennedy at (770) 929-3040
(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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Registration Section
3/21/06

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TALLAHASSEE, FLORIDA

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

Jerry Moore Florida Operations, L.L.C.

ARTICLE II – Address:

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

Principal Office Address:

17 Old Palmetto Path
St. Marks, FL 32355

Mailing Address:

2440 Wall Street, Suite A
Conyers, GA 30013

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

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

**Jerry Moore
17 Old Palmetto Path
St. Marks, FL 32355**

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 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

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TALLAHASSEE, FLORIDA


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

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

<u>Title:</u>	<u>Name and address:</u>
MGRM	Jerry Moore 17 Old Palmetto Path St. Marks, FL 32355
MGRM	Virginia Moore 17 Old Palmetto Path St. Marks, FL 32355

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

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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.)

Jerry Moore, MGRM