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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mary C. Moore (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:
Mary C. Moore (Name of Person)
Mary C. Moore. (Firm/Company)
13640 DUNN Creek rd. FREE SEE T
Jay. Fl. 32218 (City/State and Zip Code)
For further information concerning this matter, please call:
Mary C. Moore at 904 298-4300 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
T \$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 27, 2005

MARY C. MOORE 13640 DUNN CREEK RD JACKSONVILLE, FL 32218

SUBJECT: MARY C. MOORE Ref. Number: W05000044606

We have received your document for MARY C. MOORE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 305A00058916

Diane Cushing Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

13640 DUNIN Creek rd. SAME.
32218

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

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

| Marie | Marie

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)

Page 1 of 2

The name and address of each Manager or Managing Member is as foll	ows:
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<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Mary C- Moore 13640 Dunn Cree Jax: Fl. 32018
(Use attachment if necessary)	
NOTE: An additional article must be	
REQUIRED SIGNATURE:	SEP I
/	an authorized representative of a member of 608.408(3), Florida Statutes, the execution of a an affirmation under the penalties of perjury of are true.)
Type	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)