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Special Instructions to	Filing Officer:	
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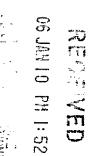
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SECRETARY OF STATE



Office Use Only

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: More	no Carpatry (Name of Limited	f Liability Company)	·
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
Mosio	A moreno	Name of Person)	
	noveno Car	pentry to L	LC"
PoBol	K 944 69	(Address)	
	F. (32337	2
For further information of	concerning this matter, please c	State and Zip Code) all:	
Ffvain (Name	Malchnado of Person)	at (850) £555 (Area Code & Daytime Tel	28 - 00 74 ephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Moreno LLC		
(Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
Sm, th Circle Or.	POBOX 970 Greeno Fl.	<u>{</u>
<u> </u>	e registered agent are: 2006 (1) O ne 10 Trailer Gark Address (P.O. Box NOT acceptable)	
Caradaa	FI 37.337	

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 (REQUIRED)

City, State, and Zip

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) A. Morent Typed or printed name of signee Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)