

L060000 17290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

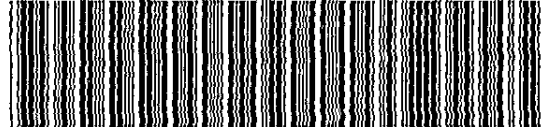
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

John S. Moten GAVE
AUTHORIZATION BY PHONE TO
CORRECT to add LLC
DATE 2-16-06
DOC. EXAM MSL

Office Use Only



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SEC. OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MO ED CLEANING COMPANY, 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:

REV DR. JOHN S. MOTEN JR

(Name of Person)

(Firm/Company)

342 24TH AVE SW

(Address)

VERO BEACH, FLORIDA 32962-3338

(City/State and Zip Code)

For further information concerning this matter, please call:

REV DR. JOHN S. MOTEN JR

(Name of Person)

at (772) 778-7098

(Area Code & Daytime Telephone Number)

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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SECRET
TALLAHASSEE
FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MO ED CLEANING COMPANY, LLC

ARTICLE II - Address:

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

Principal Office Address:

4495 38TH AVE

VERO BEACH, FLORIDA 32967

Mailing Address:

SAME

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

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

REV DR JOHN S. MOTEN JR

Name

342 24TH AVE SW

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

VERO BEACH, FLORIDA 32962

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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, Florida Statutes..

John S. Moten Jr
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

LAWANNA EDMOND

4495 38TH AVE

VERO BEACH, FLORIDA 32967

MGRM

MATTIE R. LLOYD

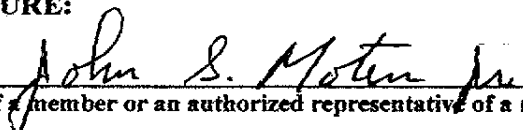
3805 44TH MANOR

VERO BEACH, FLORIDA 32967

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

REV. DR. JOHN S. MOTEN JR.

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA