

LD6000018766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

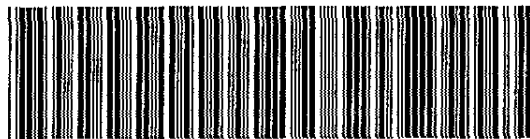
(Document Number)

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**EFFECTIVE DATE**

2/17/06

02/03/06--01055--005 \*\*130.00

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06 FEB 20 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan FEB 21 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Full Moon SERVICES 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:

MARK A. SHERER  
(Name of Person)

Full Moon SERVICES  
(Firm/Company)

6688 ENGRAM RD  
(Address)

NEW SMYRNA BEACH, FLORIDA, 32169  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK SHERER at (386) 427 5363  
(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)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2006

MARK A. SHERER  
6688 ENGRAM ROAD  
NEW SMYRNA BEACH, FL 32169

SUBJECT: FULL MOON SERVICES LLC  
Ref. Number: W06000006862

We have received your document for FULL MOON SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received.

*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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 506A00010298

EFFECTIVE DATE

2/17/06

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FULL MOON SERVICES LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

6688 ENGRAM RD  
NEW SMYRNA BEACH  
FLORIDA 32169

#### Mailing Address:

6688 ENGRAM RD  
NEW SMYRNA BEACH  
FLORIDA 32169

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LEE PERALDO (LC PLLC)

Name

6688 ENGRAM RD

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

NEW SMYRNA BEACH FL 32169

City, State, and Zip

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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, F.S.*

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

MGRM

**Name and Address:**

MARK A. SHERER  
6688 ENGRAM RD  
NEW SMYRNA BEACH, FL 32169

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: FEB 17, 2006. (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:**

Mark A. Sherer  
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.)

MARK A. SHERER  
Typed 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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA