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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Sec Division of Cor			
subject: <u>Тап</u>	nes B. Moore (Name of Limited	e Contractin Liability Company)	g LLC
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
_ Jan	nes B.r	Noore Name of Person)	
Jame	_	e Contract	ing LLC
_/364	10 Dunn	(reek r	d
Jax		32218	
	(Спул	State and Zip Code)	
r plan)	oncerning this matter, please c OOVE of Person)	all: at (904) 29 ((Area Code & Daytime Tele	SECRETARY OF CORP. Sphone Number)
Enclosed is a check for	r the following amount:		PH 1:5
\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 C	•

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
James B. Moore Contracting 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: Mailing Address:
13640 Dunn Creek rd Same
300 121 3221
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:
James 13, Milore
Florida street address (P.O. Box NOT acceptable) Tax FL 32218 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate, I hereby accept the appointmentals 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

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

<u>Title:</u> "MGR" = Manag	JAT	Name and Address:	
"MGRM" = Mar			
MGR		James B. Moore 13640 Dunn Creek Tax FL 32218	<u>rd</u>
(Use attachment	if necessary)		
ARTICLE V: Effective (If an effective date is I prior to or 90 days after REQUIRED SI	isted, the date must be the date of filing.)	te of filing: (O	PTIONAL) e business days
	100000	R M m	
	Signature of a member of	an authorized representative of a member.	DIV. 2006
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury n are true.)	SECRETARY ISION OF CO
	James	or printed name of signee	ED COF STATE ORPORATION PH 1:51
		or printed name or signee	ATION STATE
Filing Fees	<u> </u>		- **

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

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