

LD60000102050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

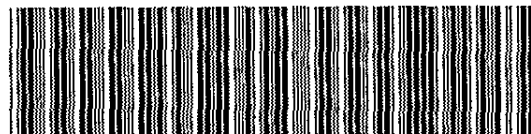
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700080383777

10/09/06--01018--008 **125.00

FILED

06 OCT -9 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~6006-114643~~ mlf



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2006

KEVIN R. MOORE
1299 STATE AVE, STE B
HOLLY HILL, FL 32117

SUBJECT: MOORE FINE FOODS I, LLC
Ref. Number: W06000044643

We have received your document for MOORE FINE FOODS I, LLC. However, the document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6065.

MARIA L FENDER
OFFICE CLERK

Letter Number: 106A00060546

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOORE FINE FOODS I, 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:

KEVIN R MOORE

(Name of Person)

MOORE FINE FOODS I, LLC

(Firm/Company)

1299 STATE AVE, STE B

(Address)

HOLLY HILL, FL 32117

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN R MOORE

(Name of Person)

at (386)

673-6491

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOORE FINE FOODS I, 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:

1299 STATE AVE, STE B

HOLLY HILL, FL 32117

Mailing Address:

1299 STATE AVE, STE B

HOLLY HILL, FL 32117

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:

KEVIN R MOORE

Name

1299 STATE AVE, STE B

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

HOLLY HILL

FL 32117

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..

X

KRM

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
06 OCT -9 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

KEVIN R MOORE

1299 STATE AVE, STE B

HOLLY HILL, FL 32117

MGR

SANFORD MILLER

444 SEABREEZE BLVD, STE 1002

DAYTONA BEACH, FL 32118

(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.)

KEVIN R MOORE

Typed or printed name of signer

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)