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SECRETARY OF STATE
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TO:

TO:	Registration So Division of Co									
SUBJE	ст:М	oran (Brothe Name of Limite	ers, d Liabili	LLC ty Company)			· <u></u>		
The enc	closed Articles o	f Organization	and fee(s) are s	ubmitted	for filing.					
Please r			erning this matte							
-	Ba	rbara	McBrig	e Name of I	Person)			<u> 10. 27 · </u>	_ <u>:</u>	
<u></u>	We	The !	People	Firm/Con	npany)	<u> </u>	· · ·			
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For furt			(City,		Zip Code)			FLORIDA	D 3: 25	Ċ
Ba	rbara (Name	McBru of Person)	de	at (<u>9</u>	04) 2 Area Code & D	.41 -2 aytime Tele	533 ephone N	3 (umber)		
Enclose	ed is a check fo	or the followi	ng amount:							
\$125.	.00 Filing Fee	\$130.00 Certificate	Filing Fee & of Status	Certif	55.00 Filing and Copy is encl		Certif	0.00 Fi cate of ied Cop nal copy	Status y	&
		P.O. Box 6	Section Corporations) •	Street/Courier Registration Se Division of Co Clifton Buildir 2661 Executiv Tallahassee, F	ction rporations ig e Center (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
MORAN BROTHERS, 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:
1117 Kingsland Court Jacksonville, FL 32259
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:
JOHN D. MORAN, JR.
Name HER TE
1117 Kingsland Court
Florida street address (P.O. Box NOT acceptable),
Jacksonville, FL 32259 👼 မှ 🔽
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..

Repatered 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	Name and Address:
MGRM	JOHN D. MORAN, JR.
	1117 Kingsland Court
	Jacksonville, FL 32259
MGRM	JAMES S. MORAN
	45250 Christman Lane
	Hollywood, MD 20636
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	an the date of filing: (OPTIONAl ust be specific and cannot be more than five business day
-	
-	
days after the date of filing.) REQUIRED SIGNATURE:	nember of an authorized representative of a member.

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)

JOHN D. MORAN, JR.

Typed or printed name of signee