## W7000050319

(R	Requestor's Name)	
(A	(ddress)	
(A	address)	
(C	City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	Business Entity Nam	e)
(0	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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FFFECTIVE DATE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

7 MAY 10 PH 12: 36

11/11. 33059

Office Use Only

## **COVER LETTER**

TO:

TO: Registration Se Division of Co	orporations		
SUBJECT: M	pore Account	ancy Service iability Company)	s, LLC
The enclosed Articles o	of Organization and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
M	Pickey L. Moo	re_	
	(Nan	ne of Person)	
Mo	pore Account	ancy Service	es LLC o
	(Firm	n/Company)	FS F
135	75 SW 72m	avenue	OTMAY 10 PM 12: 36
	(/	Address)	10 mg/m
M	iami, E1.	33156	MIZ:
	(City/Star	te and Zip Code)	語 36
For further information	concerning this matter, please call	l <b>:</b>	7
Mickey	Mooreat (	(786, 877	5658
/(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee		\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Moore Accountancy 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:	Mailing Address:	FIG.	三三	-T <u>}</u> -
13575 SW 72 nd avenue Miani, FK 33156	Same	THE SECTION OF THE PERSON OF T	10 PH!	E
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)			12:36	ı

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

Mickey L. Moore

Name

13575 SW 72 Quenue

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

Miami FL 33156

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mickey L. Moore  13575   Sw 722 avenue  Miami, F1 33156
	TO THE STATE OF TH
(Use attachment if massagem)	
(Use attachment if necessary)  CLE V: Effective date, if other that effective date is listed, the date model of filing.)  REQUIRED SIGNATURE:	an the date of filing: <u>May 1, 2007</u> . (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other that offective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:	
CLE V: Effective date, if other that effective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a filing accordance we of this document	an the date of filing: May 1, 2007. (OPTIONAL ust be specific and cannot be more than five business days hember or an authorized representative of a member.  With section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)

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