L08000067542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

# R. N. KOBLEGARD, III
ATTORNEY AT LAW

*Board Certified Civil Trial Lawyer 1991-2006*

200 S. Indian River Drive, Suite 201
Fort Pierce, FL 34950

**Telephone: (772) 461-7772** **Fax: (772) 461-0226**


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Re: Moneymaker Tools, LLC

To Whom It May Concern:

Enclosed please find the original Cover letter, and an original and one copy of the Articles of Organization for the above-referenced Florida limited liability company.

My firm check in the amount of $155.00 to cover the filing fee and for a certified copy of the Articles of Organization is also enclosed.

Thank you for your courtesy and cooperation in this matter.

Yours very truly,

R.N. Koblegard III/dbs

R.N. Koblegard, III

RNK/dbs
Enclosures

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Moneymaker Tools, 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:

Marion M. Sizemore
(Name of Person)

(Firm/Company)

1975 Copenhaver Road
(Address)

Fort Pierce, FL 34945
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

R.N. Koblegard, III, Esq. at (772) 461-7772
(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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

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

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| **Principal Office Address:** | **Mailing Address:** |
|---|---|
| 1975 Copenhaver Road | 1975 Copenhaver Road |
| Fort Pierce, FL 34945 | Fort Pierce, FL 34945 |

**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:

R.N. Koblegard, III, Esq.
Name

200 South Indian River Drive, Suite 201
Florida street address (P.O. Box **NOT** acceptable)

Fort Pierce, FL 34950
City, State, and Zip

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*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)**

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| **Title:**<br>"MGR" = Manager<br>"MGRM" = Managing Member | **Name and Address:** |
|---|---|
| MRGM | Marion M. Sizemore<br>1975 Copenhaver Road<br>Fort Pierce, FL 34945 |
| | |
| | |
| | |

(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:**

Marion M Sizemore

**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.)

Marion M. Sizemore

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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)**