

L08000083093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

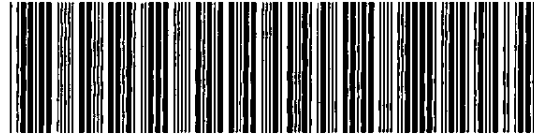
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



300134635803

08/20/08--01006--012 \*\*155.00

Effective Date 08/13/08

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08 AUG 20 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP - 2 2008

EXAMINER

128168-8074

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Circle M Cattle Company, 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:

**Cindy Moore**

(Name of Person)

(Firm/Company)

**4255 Albritton Road**

(Address)

**Saint Cloud FL. 34772**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Cindy Moore**

(Name of Person)

at ( **407** ) **892-2674**

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 AUG 29 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 21, 2008

LAUREN MOORE  
4255 ALBRITTON RD  
ST CLOUD, FL 34772

SUBJECT: MOORE CATTLE COMPANY, LLC  
Ref. Number: W08000039121

We have received your document for MOORE CATTLE COMPANY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on June 17, 2008.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 008A00046935

Effective Date 08/13/08

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Circle M Cattle Company, 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:**

4255 Albritton Road  
Saint Cloud FL. 34772

**Mailing Address:**

4255 Albritton Road  
Saint Cloud FL. 34772

**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:

Cindy Moore

Name

4255 Albritton Road

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

Saint Cloud FL. 34772<sub>FL</sub>

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.*

Cindy K. Moore

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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:**

MGR

Lauren Moore

4255 Albritton Road

Saint Cloud FL. 34772

MGRM

Cindy Moore

4255 Albritton Road

Saint Cloud FL. 34772

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 13, 2008. (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:**

*Cindy K. Moore*

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.)

Cindy Moore

Typed or printed name of signee

**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)

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08 AUG 20 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA