

LD9 000 113744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

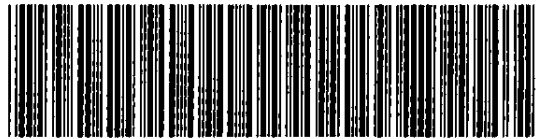
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/25/09--01014--005 \*\*160.00

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2009 NOV 25 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

NOV 30 2009

EXAMINER

**Return Name and Address:**

Michael Moffatt  
9814 Shepard Place  
Wellington, FL. 33414

November 20, 2009

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

**Re: ARTICLES OF ORGANIZATION**

Dear Sir/Madam:

Enclosed please find the original and one copy of Articles of Organization. Also enclosed you will find the total fee of \$160.00 to cover the following:

1. Filing fee for Articles of Organization and Designation of Registered Agent
2. Certified Copy
3. Certificate of Status

Please file and provide a "filed" copy to me with any information you commonly provide to new LLCs.

Please contact me if you require anything further at 561-324-6895.

Sincerely,



Michael Moffatt

Enclosures:

Check # 1025 Enclosed for \$ 160.00

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CoreBiz Management, 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:

9814 Shepard Place  
Wellington, FL 33414

#### Mailing Address:

P. O. Box 211913  
West Palm Beach, FL 33421

### 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:

Michael Moffatt

Name

9814 Shepard Place

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

Wellington, FL., 33414 FL

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)

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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:**

MGR

Michael Moffatt

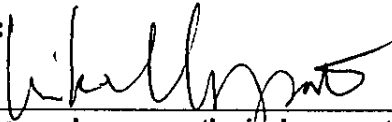
9814 Shepard Place

Wellington, FL 33414

(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.)

Michael Moffatt

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)