

L 1 0 000004187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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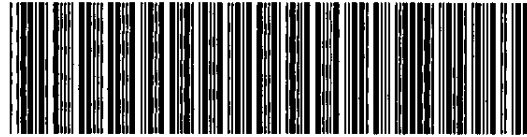
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 20 2015

TO: Registration Section

SUBJECT: Recover Property Maintenance

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Mr. John L. Moore

Name of Person

P.O. Box 343572

Florida City, Florida 33034

jlmmoore1134 / jlm@gmail.com

E-mail address: (to be used for future annual report notification)

Mr. John L. Moore

at (786)

304-4173

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, FL 32301

Mr. John L. Moore

P.O. Box 343572

Florida City, FL
33034

Cell: 786-304-4173

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**ARTICLES OF ORGANIZATION
OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

THE ARTICLES OF ORGANIZATION FOR THE LIMITED LIABILITY COMPANY WERE FILED ON _____ AND ASSIGNED
Florida document number _____.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:

_____, Florida _____

New Registered Agent's Signature, if changing Registered Agent:

*provisions of all statutes relative 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 605, F.S. Or, if this document is
company has been notified in writing of this change.*

if amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Shaunine V. Lane	756 NW 3rd Terrace	<input type="checkbox"/> Add
		Florida City, FL 33034	<input checked="" type="checkbox"/> Remove
MGR	John L Moore	756 N.W 3rd terrace	<input checked="" type="checkbox"/> Add
		Florida City, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/2/2015, _____

Signature of a member or authorized representative of a member

Shaunne V. Lane

Typed or printed name of signer

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Filing Fee: \$25.00

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