

L10000055575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/10--01020--022 **125.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 21 AM 10:37

T. HAMPTON

MAY 24 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moe's Chauffers Service, 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:

Khalid Mohamed

Name of Person

Firm/Company

3241 Holiday Springs Blvd #305

Address

Margate, FL 33063

City/State and Zip Code

mamoo042963@yahoo.com

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

For further information concerning this matter, please call:

Khalid Mohamed

Name of Person

at (954)

805-6236

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Also please find attached document evidencing availability of name.

Moe's Chauffers Service, Inc.

FL Document # P08000048394

FEI #26-2611811

(954) 805-6236

To the Florida Department of State:

Please be advised that Moe's Chauffers Service, Inc. has been administratively dissolved by the Florida Department of State. Moe's Chauffers Service, Inc. has no intention of reinstating.

Thank you,

Khalid Mohamed

Khalid Mohamed, President

5/18/10
Date

Maureen Schwengel

5/18/10 (personally known to me)

MAUREEN SCHWINGEL
MY COMMISSION # DD818260
EXPIRES: 08-27-2012
NOTARY PUBLIC STATE OF FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 21 AM 11:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Moe's Chauffers Service, 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:

Moe's Chauffers Service, LLC

3241 Holiday Springs Blvd #305

Margate, FL 33063

Mailing Address:

Moe's Chauffers Service, LLC

3241 Holiday Springs Blvd #305

Margate, FL 33063

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:

Khalid Mohamed

Name

3241 Holiday Springs Blvd #305

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

Margate

FL 33063

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..

Khalid Mohamed

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 21 AM 10:37

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:

MGRM

Khalid Mohamed

3241 Holiday Springs Blvd #305

Margate, FL 33063

(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.)

Khalid Mohamed

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)

FILED
10 MAY 21 AM 11:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS