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Certified Copies	_ Certificates	of Status
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EXAMINER ANSSEE

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COVER LETTER

Division of Corporations
SUBJECT: Roy Moore 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:
Roy Moore Name of Person
Roy Moore LLC Firm/Company
1811 Pepperdr
Tall, F/a 32304
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 321-42-92 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIL	ITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "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 L	iability Company is:
Principal Office Address: Mailing Address:	
1811 Depres de Same	
Tail F 32304	
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 indibusiness entity with an active Florida registration.)	vidual or another
The name and the Florida street address of the registered agent are:	
ROA MARCH	
Name	
1811 Perper de	
Florida street address (P.O. Box NOT acceptable)	
Tall EL 32304	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the	
liability company at the place designated in this certificate, I hereby accept a registered agent and agree to act in this capacity. I further agree to comply with	
statutes relating to the proper and complete performance of my duties, and I c	in the provisions of all im familiar with and
accept the obligations of my position as registered agent as provided for in	Chapter 608, F.S
Hay Mari	A S
The state of the s	70 7
Registered Agent's Signature (REQUIRED)	7 T
(CONTRILIED)	श्री अ
(CONTINUED)	
Page 1 of 2	
	DA I

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: Roy MOOR
MGRM	18/1 POPER dr Tall # 32304
(Use attachment if necessary)	•
LE V: Effective date, if other than the	date of filing: (OPTIONAle specific and cannot be more than five business day
CLE V: Effective date, if other than the ffective date is listed, the date must be	date of filing: (OPTIONAle specific and cannot be more than five business day
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CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608, constitutes an affirmation under I am aware that any false inform constitutes a that degree felony	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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