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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C. LEWIS MAY -3 2012 **EXAMINER**

COVER LETTER

TO: Registration Section Or Division of Corporations	eds.
SUBJECT: Morris Rame of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Daniel	A. Morris
	Name of Person
·	Firm/Company
10-1	
1979 Co.H	WY 83-A W.
Fregort	WY 83-A W. Juditess 7L. 32439
Cit	ty/State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
Daniel A Morris Name of Person	at (850) 333 - 27.00 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 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	Street/Courier Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Morris Boyz ((Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address address and street address	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1979 Co. Hwy 83A Free port Fl 32439	1979 Co. Hwy 83A Freeport F1 32439
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
Florida street addr Florida street addr City, State	Morris SECRETARY OF STATE PL 32439 Tet, and Zip TALLAHASSEE, FLORIDA TALLAHASSEE, F
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

FILED

12 MAY -2 PM 3: 42

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MCRW – Managing Member	
MGR	Daniel A. Morris
	Daniel A. Morris 1979 Co Hwy B3A Freeport Fl. 32439
	Freeport F1. 32439
	1
•	
(Use attachment if necessary)	
` ,	e date of filing: (OPTIONAL)
` ,	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
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CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
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CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days prio A Municipal Description of a member.
CLE V: Effective date, if other than the effective date is listed, the date must 20 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	1 A Mond
CLE V: Effective date, if other than the effective date is listed, the date must 20 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	Der or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. It is a permation submitted in a document to the Department of State

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)