## 12000091459

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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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**EXAMINER** 

## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: MOXIE ARTS 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:
ERIC Petersen Name of Person
MOXIE ARTS LLC Firm/Company
Firm/Company
- 207 chandler st. #110
Address
CAPE CANAVERAL, FL. 32926  City/State and Zip Code
MOXIEARTS QUALOS CON E-mail address: two be used for future annual report notification)
For further information concerning this matter, please call:
ERIC DETERSEN at (207) 423-3/4/ Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times 130.00 Filing Fee \& \times 155.00 Filing Fee \& \times 160.00 Filing Fee, Certificate of Status \& \times Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Clifton Building Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
MOXIE ARTS LLC		<del>_</del>
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	•
CHECANAVERAL, FL. 32920	207 chandler #	<u>+110</u>
CHEZANHINEAL, FL. 03430	THE CHUNKER ST.	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual o	nature: or another
The name and the Florida street address of the re	egistered agent are:	
ERIC PETER	SEN	
207 chandlers		
CAPE CANAL AL	FL <b>3292</b> 0 te, and Zip	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity.	is certificate, I hereby accept the app	pointment as
statutes relating to the proper and complete per		
accept the obligations of my position as regist		
		38 38 38 38 38 38 38 38 38 38 38 38 38 3
1/3/201	1	CRE CRE
Registered Agent's Signatu	re (REQUIRED)	
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Page 1 of 2		ATE S

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager maging Member	Name and Address:	
MGR		ERIC Roterson 207 Chandles St. CASE CANAVERAL, FL. 32920	ļ
	<del></del>		
-			
A 1 19 6 6 24	Harris San Carry Carry		
(Use attachment	if necessary)		
(Use attachment	if necessary) date, if other than the datested, the date must be sp	nte of filing: (OPTIONAL pecific and cannot be more than five business days	) pri
(Use attachment CLE V: Effective effective date is li	if necessary) date, if other than the datested, the date must be splate of filing.) GNATURE:	te of filing: (OPTIONAL pecific and cannot be more than five business days	) pri
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