

L12000095321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

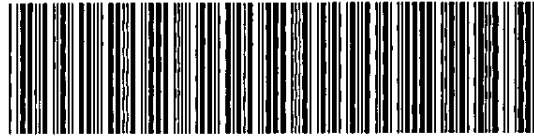
Special Instructions to Filing Officer:

W12-38700
A. LUNT

JUL 24 2011

EXAMINER

Office Use Only



200237423882

07/23/12--01001--012 **155.00

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2012 JUL 20 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2012 JUL 20 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MOONSHINE LOGISTICS LLC

Signature _____

Requested by: SETH

07/20/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

RECEIVED

2012 JUL 23 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 23, 2012

CAPITAL CONNECTION, INC.
ATTN: SETH
417 E. VIRGINIA STREET SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: MOONSHINE LOGISTICS LLC
Ref. Number: W12000038700

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUL 20 AM 10 21

FILED

We have received your document for MOONSHINE LOGISTICS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 112A00019346

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2007 JUL 20 AM 10 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: **MOONSHINE LOGISTICS LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**13608 FRANCES AVENUE
HUDSON, FL 34667**

Mailing Address:

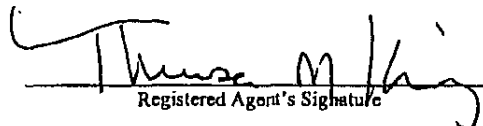
**P.O. BOX 641
ARIPEKA, FL 34679**

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent

**THERESA M. KING
13608 FRANCES AVENUE
HUDSON, FL 34667**

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, Florida Statutes..


Registered Agent's Signature

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 & Address:

MANAGER:

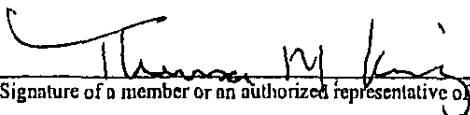
**THERESA M. KING
13608 FRANCES AVE.
HUDSON, FL 34667**

MANAGING MEMBER:

**ANTHONY STUBBS
13608 FRANCES AVE.
HUDSON, FL 34667**

NOTE: An additional article must be added if an effective date is requested

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.)

THERESA M. KING

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$, 5.00 Certificate of Status (Optional)

2012 JUL 20 PM 10 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED