

L12000102207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

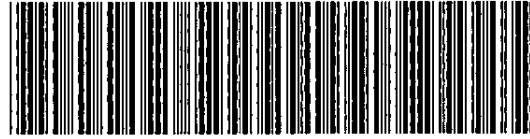
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/31/12--01008--001 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG -7 PM 3:16

'AUG '8 2012

T. HAMPTON

69204-40367

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 6234 Yellowstone 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:

Charles T. Moore

Name of Person

Firm/Company

5939 Broken Bow Lane

Address

Port Orange, FL 32127

City/State and Zip Code

Chuck@chuckmoore.com

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

For further information concerning this matter, please call:

Charles T. Moore

Name of Person

at ( 386 ) 334-3490

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Charles T. Moore  
5939 Broken Bow Ln.  
Port Orange, FL 32127  
(386)334-3490  
July 31, 2012

Secretary of State  
State of Florida  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

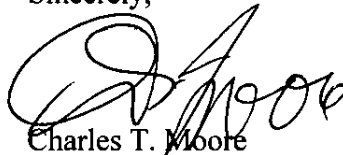
Re: 6234 Yellowstone, LLC Operating Agreement

Dear Sir/Madam

Enclosed for filing are the original and one copy of the 6234 Yellowstone, LLC Operating Agreement. Also enclosed is a check in the amount of \$125.00 for the filing fee.

Thank you for your assistance in this matter. If anything additional is required please contact me.

Sincerely,



Charles T. Moore

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 AUG -7 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 1, 2012

CHARLES T MOORE  
5939 BROKEN BOW LN  
PORT ORANGE, FL 32127

SUBJECT: 6234 YELLOWSTONE, LLC  
Ref. Number: W12000040362

We have received your document for 6234 YELLOWSTONE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreements are NOT filed with this office.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 212A00020095

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

6234 Yellowstone, 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:

#### Mailing Address:

5939 Broken Bow Ln  
Port Orange FL 32127

### 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:

Charles T. Moore

Name

5939 Broken Bow Ln

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

Port Orange FL 32127

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..*

Charles T. Moore  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**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

Charles T. Moore  
5939 Btolen Row Ln  
Port Orange, FL 32127

\_\_\_\_\_

\_\_\_\_\_

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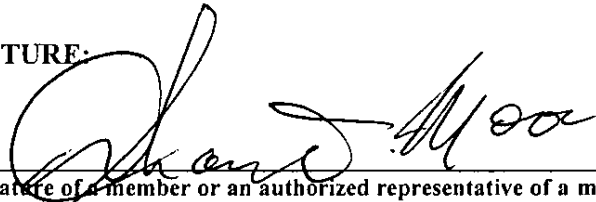
\_\_\_\_\_

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Charles T. Moore  
\_\_\_\_\_  
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)**