

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Allcraft Investments, LI	_C :		
	submitted for filing.		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
	submitted for filing. er to the following:		
Thomas D. Moffett			
	Name of Person		
	<u>'</u>		
	Firm/Company		
6119 Little Lake Sawyer Dr			
	Address		
Windermere, FL 34786			
·	y/State and Zip Code		
moffettcrs@gmail.com	or future annual report notification)		
,			
For further information concerning this matter, please	e call:		
Thomas D. Moffett	at (407) 375-6498		
Name of Person	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 & Silfont 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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Allcraft Investments, LLC. (Must end with the words "Limited"	Liability Company, "L.L.C.," or "LLC.")	- 3 SE -
ARTICLE II - Address:		HASS
The mailing address and street address of the	ne principal office of the Limited Liability	y Company
Principal Office Address:	Mailing Address:	STAT STAT CORIU 3: 19
6119 Little Lake Sawyer Dr.	6119 Little Lake Sawyer Dr.	, AO
Windermere, FL 34786	Windermere, FL 34786	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or	nature: another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individual or	eature: another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Thomas D. Moffett	Registered Agent. You must designate an individual or the registered agent are:	eature: another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Thomas D. Moffett	Registered Agent. You must designate an individual or the registered agent are:	eature: another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Thomas D. Moffett 6119 Little Lak Florida street	Registered Agent. You must designate an individual or the registered agent are: Name (e Sawyer Dr. et address (P.O. Box NOT acceptable)	eature: another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Thomas D. Moffett 6119 Little Lak Florida street Windermere,	Registered Agent. You must designate an individual or the registered agent are: Name Ke Sawyer Dr. Tet address (P.O. Box NOT acceptable) FL 34786	aature: another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Thomas D. Moffett 6119 Little Lak Florida street Windermere,	Registered Agent. You must designate an individual or the registered agent are: Name (e Sawyer Dr. et address (P.O. Box NOT acceptable)	eature: another

(CONTINUED)

Signature (REQUIRED)

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

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

MGRM	William A. Moffett III	'و:
	6119 Little Lake Sawyer Dr.	
	Windermere, FL 34786	
MGRM	Roslyn A. Moffett	မ္မာ ြ
	6119 Little Lake Sawyer Dr.	19 19
	Windermere, FL 34786	
MGRM	Thomas D. Moffett	<u> — </u>
	6119 Little Lake Sawyer Dr.	
	Windermere, FL 34786	
(Use attachment if necessary)		
LEV. Effective date if other tha	n the date of filing: (0	OPTIONAL)

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.)

THOMAS D MOFFETT

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)