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TALLAHASSEE. FLORID

T. Burch FEB 2 744



## **COVER LETTER**

	ation Section n of Corporations	•	
SUDVEST A	1. 1 Mag size	· .	
SUBJECT: 7º	lark Moor Paint	mited Liability Company	
The enclosed Ar	ticles of Organization and fee(s) a	re submitted for filing.	
	correspondence concerning this m	-	
	Mark Moore	Name of Person	
		Name of Person	
		Firm/Company	
<u>,</u>	2566 W. Tennessee	Sf. #1232	
	Tallaherre Fr. 3	2304 City/State and Zip Code	
	Mybaby OBO Jahan Com E-mail address: (to be use	16.6	41
	mation concerning this matter, ple		uion)
ror igither anon	mation concerning this matter, pre	ase can.	
	Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a che	eck for the following amount:		
□ \$125.00 Filing F	_		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  Pagistration Section	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Mark Moure Painting U.C. (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the principa		
Principal Office Address:	Mailing Address:	
2566 W. Tumessee St. # 1232 Tallabersee, Fl. 32304	2866 W. Tynesgee St. # 1232 Tallahassee, Ec. 82704	<u>}</u>
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its o		- ridual or
another business entity with an active Florida registra  The name and the Florida street address of the registe	red agent are:	14 FEB
The name and the Florida street address of the registe  Mark L. Moore  Na  2506 W. Tenessee  Florida street address (P.O. B.	red agent are:  TALE CREATER AND ASSET OF STATE	14 FEB 27
The name and the Florida street address of the registe  Mark L. Moore  Na  2506 W. Tenessee  Florida street address (P.O. B.	red agent are:  TALECTARY  TALECTARY  MR  CF 441234	14 FEB 27

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized M "MGR" = Manager AMBR	Mark L. Moire Jr.	
	254 4 Romessee St. #- 1232	
		13 7
	HE SE	EB 2
	WAY MA	7 A
		MI
		9
	<u>&gt;</u>	
(Use attachment if necessal (Use attachment if necessal (Use V: Effective date, if other effective date is listed, the date of filing.)	er than the date of filing: 2/27/14 (OPTIONAL)  And the must be specific and cannot be more than five business days prior to or 9	0 day
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