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D. POSTICK
LEB 9.8 2014
EXAMINER

COVER LETTER

TO: Registration Section & Section Division of Corporations		or .	
SUBJECT: Moore Home Solutions, LLC. Name of Lir	nited Liability Company		
The enclosed Articles of Organization and fee(s) a	re submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Aaron J. Moore	Name of Person		<u></u>
Moore Home Solutions, LLC.	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
221 SW Sandy Way			
	Address		
Port St. Lucie, Florida 34986	City/State and Zip Code		
	tity/State and Zip Code		
Moorehomesolutions@gmail.com E-mail address: (to be use	d for future annual report notification	ation)	75-27 -222)
For further information concerning this matter, ples	ase call:	1 1 1	
Aaron J. Moore at (513) 9075866	1.3	
Name of Person		lephone Number	3
Enclosed is a check for the following amount:		- 1-4 - 2-7 - 2-7 - 3-7 - 3-8 - 3-8	्र 00
\$125.00 Filing Fee \$\overline{\subset}\$\$ \$130.00 Filing Fee \$\overline{\subset}\$\$ Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is e	us &
Mailing Address	Street/Courier Add	ress	
Registration Section	Registration Section		
Division of Cornorations	Division of Corners	tions	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Moore Home Solutions, LLC. (Must end with the words "Limited L	iability Company, "L.L.C.," or	"LLC.	")	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Con	npany i	s:	
Principal Office Address:	Mailing Address:			
Aaron J. Moore 221 SW Sandy Way Port St. Lucie, Florida 34986	Aaron J. Moore 221 SW Sandy Way Port St. lucie, Florida 3498	6		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent's Signature egistered Agent. You must des	e:	ın individ	dual or
The name and the Florida street address of the registered a	gent are:			
Aaron J. Moore Name				
221 SW Sandy Way			(5.5) (5.5) (5.5)	
Florida street address (P.O. Box	NOT acceptable)	• ,	L :	to the pr
Port St. Lucie	FL 34986	:	6. 5	er
City	Zip	. :	,	
\mathcal{A}	the appointment as registered ag fall statutes relating to the prope	ent and c	l ägree te complete	o act in this performance
(CONTINUE	D)			

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	A 1 11
"MGR"	Aaron J. Moore
	221 SW Sandy Way
	Port St. Lucie, Florida 34986
	-
	<u> </u>
	(*1
·	
(Use attachment if necessary)	
ective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to
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ARTICLE IV-