L14000109782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: <u>NoMoEgo</u>
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:

<u>Maurice Darnell Johnson</u>
Name of Person

<u>NoMoEgo</u>
Firm/Company

<u>7730 Cedarhurst Lane</u>
Address

<u>Tampa, FL 33625</u>
City/State and Zip Code

<u>johnsonmauriced@hotmail.com</u>
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Maurice Johnson</u> at (<u>813</u>) <u>690-4359</u>
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☑ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                   Certificate of Status   Certified Copy   Certificate of Status &
                                  (additional copy is enclosed)   Certified Copy
                                                       (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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:

NoMoEgo, 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:**

7730 Cedarhurst Lane   7730 Cedarhurst Lane
Tampa, FL 33625   Tampa, FL 33625

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:

Maurice Darnell Johnson
_____
Name

7730 Cedarhurst Lane
_____
Florida street address (P.O. Box **NOT** acceptable)

Tampa _____ FL 33625 _____
City   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 605, F.S..

_____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

_____   _____
                         _____
                         _____

_____   _____
                         _____
                         _____

_____   _____
                         _____
                         _____

_____   _____
                         _____
                         _____

(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.)

ARTICLE VI: Other provisions, if any.

_____
_____

REQUIRED SIGNATURE:

_____
        Signature of a member or an authorized representative of a member.
        (In accordance with section 605.0203 (1) (b), 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.)

        Maurice Darnell Johnson _____
                        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)

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