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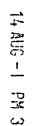


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AUG 01 2014 J. BRUCE

COVER LETTER

Division of Corporations
SUBJECT: Lady Moore's Carpentry 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:
Sha Qanda Moore
Name of Person
Lady Moore's Carpentry Firm/Company
2963 Pennlyn Dr
Address
Tallahussee FL 32801 = =
City/State and Zip Code City/State and Zip Code Cymod'(24 © gol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Charle Moore at (850) 273 - 1775 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$155.00 Filing Fee \$\times \text{Certified Copy}\$\$ (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited I		ny, "L.L.C.," o	r "LLC	C.")		
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limit	ed Liability Co	mpany	is:		
Principal Office Address:	Mailing Add	ress:				
2463 Pennlyn Dr	2463	Penn ly	n	6		
Tallangssee FC 3230B		5516	ru	3230	· C	
	1c GAE	38 CE	1.0	5130	8	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agen	gent's Signatui t. You must des	re: signate	an individ	lual or	
The name and the Florida street address of the registered	agent are:					
Charle Moon						
Name						
Charle Moon Name 2818 Tartay Pr Florida street address (P.O. Box	Y					
Florida street address (P.O. Box	NOT acceptable	e)				
Tallahassee	FL 7	2301				
City		Zip				
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl. Chapte	the appointmen of all statutes rela igations of my p er 605, F.S	t as registered a uting to the proposition as registe	igent a per and	nd agree to I complete	o act in perforn	this nance
				Ž	2 00	71.
(CONTINUI	E D)			Ş	-8 -8	
Page 1 of 2				ا د د نيا		ري ا

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
4. 4. 6. 10		
AMBR	Sha Qanda Moore	
	7463 Pennlyn Or Talianossee FL 32368	
	Talianossee FL 32308	
AMBR _	Charlie Moore	
	7918 TEAMY DE Tananassee KL 32301	
	(CM WASSES, LE 3130)	
(Use attachment if necessary) LE V: Effective date, if other than the diffective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days	ays a:
LE V: Effective date, if other than the date	ate of filing:	ays a:
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