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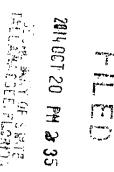
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: CHARLES A Name of L	. MOORE CO.	
50000	Name of L	Limited Liability Company	·
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.	
Please ret	turn all correspondence concerning this	matter to the following:	
	JANE	MOORE Name of Person	
			7
	CHARLES	A. MOORE CE	2. En 20
		Firm/Company	20
	1709 W. N	Address ST ·	्रिट्र म
		Address	es # & Co
	TAMOA A	= 4 33607	∴ <u> </u>
		City/State and Zip Code	
	monmomzoic	56@ YAHOO. C	com
	E-mail address: (to be us	sed for future annual report notifica	tion)
For further	er information concerning this matter, pl	lease call:	
JA	NE MOORE at at at a substitution of Person	(813) 841-22	204
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed	is a check for the following amount:		
X \$125.00 I	Filing Fee \$\Bigcup \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin	☐\$155.00 Filing 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	~ >
ARTICLE I - Name:	
The name of the Limited Liability Company is:	138
CHARLES A. MOORE L.L.C.," or "LLC.")	BCT 20
(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:	<u>ရ</u> ာ သ
Principal Office Address: Mailing Address:	
1709 W. NASSAY ST. SAME TANPA FL 33607	
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 i another business entity with an active Florida registration.)	ndividual or
The name and the Florida street address of the registered agent are:	
JANE MOORE	
Name	
1709 W. NASSAU ST. Florida street address (P.O. Box NOT acceptable)	
TAMOA FI 33607	
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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	
AMBR	BRIDGET BURNS 12 12
	4701 WHITE BAY CR.
	₩ ₩

	**
Use attachment if necessary)	
ctive date is listed, the date must be speci-	filing: (OPTIONAL) fic and cannot be more than five business days prior to or
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ctive date is listed, the date must be specifiling.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb	e More than five business days prior to or
Signature of a member of a mem	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Signature of a member of a mem	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Attion submitted in a document to the Department of State
Signature of a member of a may a may a may a may a may be specifilling.) REQUIRED SIGNATURE: Signature of a member of a memb	per or an authorized representative of a member. 2203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Signature of a member of a may a may be specifilling.) Signature of a member	per or an authorized representative of a member. 2203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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Signature of a member of a mem	per or an authorized representative of a member. 2003 (1) (b), Florida Statutes, the execution of this docur the penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State as provided for in s.817.155, F.S.) (E MOORE

ARTICLE IV-

Page 2 of 2