## L15000 32072

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
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| (Cit                    | ty/State/Zip/Phone | e#)       |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



200269323662

02/17/15--01014--010 \*\*125.00



## **COVER LETTER**

| TO:          | Registration Section Division of Corporations   |   |  |
|--------------|---|---|--|
| SUBJ         | ECT: <u>Moore &amp; Moore Properties</u><br>Name of Li  | imited Liability Company  |  |
| The en       | nclosed Articles of Organization and fee(s) a   | are submitted for filing.   |  |
| Please       | return all correspondence concerning this n   | natter to the following:  |  |
|              | Lamar Moore   | Name of Person  |  |
|              |   | Firm/Company  |  |
|              | Post Office Box 162   | Address   |  |
|              | Fort Meade, Florida 33841   | City/State and Zip Code   | <del></del>  |
| For fur      | E-mail address: (to be use ther information concerning this matter, ple   | ed for future annual report notifica  | ition)   |
| <u>Lamar</u> | Moore at (at (  | 863 ) <u>285-8982</u><br>Area Code Daytime Tel  |  |
| _            | ed is a check for the following amount:  0 Filing Fee   \$\sum{2}\$\$\$130.00 Filing Fee & Certificate of Status} | □\$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<br>Registration Section<br>Division of Corporati<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 3230 | ions<br>er Circle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Moore & Moore P     | roperties, LLC  | * 11'17' 0                                      | <del></del>                                  |
|---------------------|---|---|--|
|                     | (Must end with the words "Lin   | nited Liability Company, "L.L.C.," or "LLC.")   |  |
| ARTICLE II - Add    | ·   |   |  |
| The mailing address | and street address of the princip                                     | pal office of the Limited Liability Company is: |  |
| Principal Office Ac | ldress:   | Mailing Address:                                |  |
| 4610 Highway 98     | East  | Post Office Box 162                             |  |
| Fort Meade, FL 33   |   | Fort Meade, FL 33841                            | _  |
|                     |   |   | _  |
|                     | ity with an active Florida regist orida street address of the regist  |   |  |
|                     | Lamar Moore   | <u> </u>  | ## FE FE                                     |
|                     | Lamar Moore   | lame  | 13 18 17 17 17 17 17 17 17 17 17 17 17 17 17 |
|                     | Lamar Moore   | lame  | 第二日  |
|                     | Lamar Moore N   | lame<br>ort Meade, FL 33841                     | 第二日  |
|                     | Lamar Moore  N  4610 Highway 98 East, F. Florida street address (P.O. | lame<br>ort Meade, FL 33841                     | 第二日  |
|                     | Lamar Moore<br>N<br>4610 Highway 98 East, F                           | lame<br>ort Meade, FL 33841                     |  |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page f of 2

|                   | <u>Title:</u> "AMBR" = Authorized Mem  | Name and Address:   |
|-------------------|--|---|
|                   | "MGR" = Manager  | er  |
|                   | MGR  | Lamar Moore   |
|                   |  | Post Office Box 162   |
|                   |  | Fort Meade, FL 33841  |
|                   | MGR  | Marilyn Yvonne Moore  |
|                   |  | Post Office Box 162   |
|                   |  | Fort Meade, FL 33841  |
|                   | MGR  | Gail Moore  |
|                   |  | Post Office Box 162   |
|                   |  | Fort Meade, FL 33841  |
|                   |  |   |
|                   |  |   |
|                   |  |   |
|                   | (Use attachment if necessary)  |   |
|                   | (,)  |   |
| ARTIC             | <del>.</del>   | in the date of filing: (OPTIONAL)   |
| lf an c           | CLE V: Effective date, if other the  | nn the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days after   |
| lf an c           | CLE V: Effective date, if other th   | un the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days prior to or 90 days after   |
| If an c<br>he dat | CLE V: Effective date, if other the  | nn the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days after   |
| If an c<br>he dat | CLE V: Effective date, if other the effective date is listed, the date referred of filing.)  | nn the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days after   |
| If an c<br>he dat | CLE V: Effective date, if other the effective date is listed, the date referred of filing.)  | on the date of filing: (OPTIONAL)  Soust be specific and cannot be more than five business days prior to or 90 days after |
| If an c<br>he dat | CLE V: Effective date, if other the effective date is listed, the date refilling.) CLE VI: Other provisions, if any.   | an the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days prior to or 90 days after  |
| If an c<br>he dat | CLE V: Effective date, if other the effective date is listed, the date referred of filing.)  | an the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days prior to or 90 days after  |
| If an c<br>he dat | CLE V: Effective date, if other the effective date is listed, the date refilling.) CLE VI: Other provisions, if any.   | nust be specific and cannot be more than five business days prior to or 90 days after                                     |
| If an c<br>he dat | CLE V: Effective date, if other the effective date is listed, the date re of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:                                | Mana Mana Mana Secondary of a member,   |
| If an c<br>he dat | CLE V: Effective date, if other the effective date is listed, the date re of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with | Mama Mane   |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Lamar Moore