# U5000094836

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

Office Use Only



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T SCHROEDET

	Registration S Division of Co			
SUBJEC		r Less Services LLC		
SUBJEC		Name of Lin	mited Liability Company	
The enclo	sed Articles o	of Organization and fee(s) ar	re submitted for filing.	
Please ret	urn all corres	pondence concerning this m	atter to the following:	
	Todd R. M	oore		
			Name of Person	
			Firm/Company	
	933 SW W	hittier Terrace		
			Address	
	Port St. Luc	cie, FL 34953		
	toddmoore3	( 1@yahoo.com	City/State and Zip Code	
	- toddinoores		for future annual report notification	ation)
For further	information c	oncerning this matter, pleas	e call:	
	Todd Moore		89 506-2165	
	Na	me of Person A	rea Code Daytime Telepho	one Number
Enclosed	is a check for	the following amount:		
	Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
\$123.00	a amg rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ing Address	Street Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF ORGANIZATION FOR FLOR	dda Einii ed Eadilei i Comi am
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Moore for Less Services LLC	
(Must end with the words "Limited Liah	oility 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:
Todd R. Moore	933 SW Whittier Terrace
	Port St. Lucie, FL 34953
ARTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regi	stered 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 ager	it are:
Todd R. Moore	

 Name

 933 SW Whittier Terrace

 Florida street address (P.O. Box NOT acceptable)

 Port St. Lucie
 FL
 34953

 City
 State
 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

TILED ...

"MGR" = Manager  AMBR  Todd R. Moore  933 SW Whittier Terrace  Port St. Lucie, FL 34953  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:  (OPTIONAL)  retive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will rement's effective date on the Department of State's records.  E VI: Other provisions, if any.  REOURED SIGNATURE:  REOURED 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 does constitutes an affirmation under the penalties of perjury that the facts stated herein are tr 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 a s17,155, F.S.)  Todal R. Moore  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)  S 5.00 Certified Copy (Optional)	Jose attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  (In accordance with section 605 0203 (1) (1), Florida Statutes, the execution of this document of 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.)  (Todal R. More  Typed or printed name of signee  (Filine Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional)  S 5.00 Certificate of Status (Optional)		Name and Address:
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