## 15000101320

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duninger Estitu Nome)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

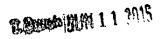
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Linda G. M. Name of Lin	nited Liability Company
The enclosed Articles of Organization and fec(s) and	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Lind	a Moshier
	Name of Person
	, 
	Firm/Company
15502 F	lounder Rd.
<u></u>	Address
Jackson vill	ie, Fl. 32226
C	City/State and Zip Code
E-mail address: (to be use	5149 @ Johoo. com d for future annual report notification)
For further information concerning this matter, plea	
Linda moshier at C	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Certificate of Status}\$	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  S160.00 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 Address
Registration Section
Division of Corporations
Cliffon Building 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:
(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:
Linda Moshier 15502 Flounder Rd. 15502 Flounder Rd. 2002 Flounder Rd. 2002 Jacksonville, Fl. 32026
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:
Linda Moshier
15502 Flounder Rd.  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)  Socksonville FL 3224  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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Page 1 of 2

	(In accordance with section 605.020) constitutes an affirmation under the p	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this documer penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)	t	
	REQUIRED SIGNATURE:	). H montin		
				<del>.</del> -
ARTICL	E VI: Other provisions, if any.		NJ E	_
(If an effe the date o		and cannot be more than five business days prior to or	90 days	äft
ARTICL	EV: Effective date, if other than the date of filing	ng:(OPTIONAL)		٠
	(Use attachment if necessary)		15 J	•
			<del>_</del>	
			<del></del>	
		· .	_	
		12205 Floringer 189	- <u>-</u>	
	Co-owner Andr	Steve Moshier	4	
	owner Ambr	Linda Moshier 15502 Flounder Rd	<u> </u>	
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		

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)