

L15000122607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

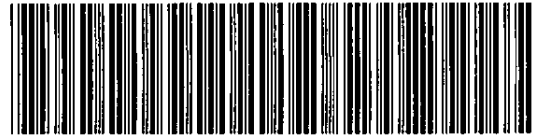
(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/15--01010--013 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 20 AM 9:08

APPROVED
AND
FILED

11/11

**TO: Registration Section
Division of Corporations**

CAW, LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

MARTYN J. MOORE

Name of Person

Firm/Company

911 ANGLE RD

Address

FT. Pierce, FLORIDA 34947-0000

City/State and Zip Code

CARR MOORE 98@GMAIL.COM

E-mail address: (to be used for future annual report notification)

CHAR MOORE

Name of Person

at #

772

Area Code

480 17 19

Daytime Telephone Number

**\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**

**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**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2015

MARTYN J. MOORE
911 ANGLE RD
FT. PIERCE, FL 34947

SUBJECT: CAW, LLC
Ref. Number: W15000044424

We have received your document for CAW, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 215A00013624

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUL 20 AM 9:08

CAWILLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

911 ANGLE RD

911 ANGLE RD

FT PIERCE, FL 34942-0000

FT PIERCE, FL 34942-0000

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:

NICHOLAS S. KANE

Name

8301 S INDIAN RIVER DR

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

FT PIERCE, FL 34982

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..

Nicholas S Kane

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MGR

MGR

~~_____~~
MARTYN J. MOORE

911 ANGLE RD

FT PIERCE, FL 34947-0000

NICHOLAS S. KANE

8301 S INDIAN RIVER DR

FT PIERCE, FL 34982

TOYAH J. MOORE

911 ANGLE RD

FT. PIERCE, FL 34947

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any. _____

REQUIRED 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 document constitutes an affirmation under 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.)

MARTYN J. MOORE

Typed or printed name of signee

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)

15 JUL 20 AM 9:09
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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AND
FILED