

L15000138213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

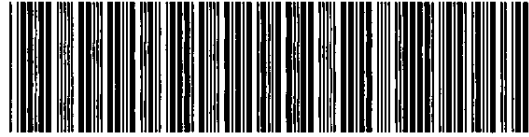
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Principal address  
Can't be p.o. box.  
W15000052161

EFF 7/28/15

Office Use Only



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07/29/15--01006--014 \*\*155.00

FILED  
15 JUL 29 AM 14:24  
TALLAHASSEE, FLORIDA

Lc

AUG 17 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2015

JAMES E MOSS  
PO BOX 14281  
BRADENTON, FL 34280-4281

SUBJECT: MOSS POOLS LLC  
Ref. Number: W15000052161

We have received your document for MOSS POOLS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

New Filing Section.

Letter Number: 815A00016233

8-8-15  
New Filing Section:  
corrected - see attached.  
James E Moss

RECEIVED AUG 10 2015

RECEIVED AUG 10 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Moss Pools LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James E Moss

\_\_\_\_\_  
Name of Person

Moss Pools LLC

\_\_\_\_\_  
Firm/Company

PO Box 14281

\_\_\_\_\_  
Address

Bradenton, FL 34280-4281

\_\_\_\_\_  
City/State and Zip Code

islandnative@verizon.net

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

For further information concerning this matter, please call:

James E Moss

941

779-7738

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$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**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton 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:

Moss Pools LLC

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

FILED  
15 JUL 29 AM 9:24

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:

514 67th Street  
Holmes Beach, FL  
34217

PO Box 14281  
Bradenton, FL 34280

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:

Mike Walter c/o Walter and Associates LLC, CPA

Name

3909 East Bay Drive

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

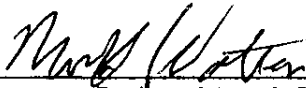
Holmes Beach                      FL                      34217

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

James E Moss

PO Box 14281

Bradenton FL 34280

Ryan J Moss

PO Box 4204

Anna Maria FL 34216

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 28, 2015. (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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

James E. Moss

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)