1110000058466

(Re	equestor's Name)	
(Ac	ldress)	
(Δα	Idress)	
(110	141033)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
_		_
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	.	
Special Instructions to	Filing Officer:	
)		
j		
		





000283763410

03/25/16--01001--005 **125.00

16 HAR 25 AM IO: I

16 HAR 25 AH IO: 23

MAR 2 5 2016 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JAIME MOSS LLC Name of Limited Liability Company
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:
JAIME MOSS
Name of Person
JAIWE MCSS LLC Firm/Company
Trim/company
4608 W. BELLAROSE LW
Thurkness FL 32305
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAINE Moss at (850) ZZO-1307 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
. Mailing Address Street Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
JAIME MOSS LLC
(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:
4608 W. BELLARUSE LN SAME
32305
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:

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

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
Vianager	JAIME MUSS
MOR	4608 W. BELLARCE LY
	TALIAHNERE FL. 37-
	56
	•
Use attachment if necessary)	:
•	
V: Effective date if other than the	date of filing: (OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must be	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must b f filing.)	pe specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be filing.) the date inscribed in this block does	not meet the applicable statutory filing requirements, this date will no
ctive date is listed, the date must be filing.) the date inscribed in this block does	not meet the applicable statutory filing requirements, this date will no
etive date is listed, the date must hand in the control of the con	not meet the applicable statutory filing requirements, this date will not meet of State's records.
ctive date is listed, the date must b filing.)	not meet the applicable statutory filing requirements, this date will no
ctive date is listed, the date must be filing.) the date inserted in this block does tent's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not meet of State's records.
ctive date is listed, the date must be filing.) the date inserted in this block does ent's effective date on the Department VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not meet of State's records.
ctive date is listed, the date must be filing.) the date inserted in this block does ent's effective date on the Department VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not meet of State's records.
ctive date is listed, the date must be filing.) the date inserted in this block does ent's effective date on the Department VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not meet of State's records.
ctive date is listed, the date must be filing.) the date inserted in this block does tent's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will no ment of State's records. a member or an authorized representative of a member.
ctive date is listed, the date must be filing.) the date inserted in this block does tent's effective date on the Department's effective date on the Department's CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is e	not meet the applicable statutory filing requirements, this date will not ment of State's records. a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
ctive date is listed, the date must be filing.) the date inserted in this block does tent's effective date on the Department's effective date on the Department's CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date will no ment of State's records. a member or an authorized representative of a member.
tive date is listed, the date must be filing.) the date inserted in this block does ent's effective date on the Department. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. The amember of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State.

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)

ARTICLE IV-