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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Moore and Moore Trucking, 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:
Alex L. Moore Name of Person
Moore and Moore Trucking, LC Firm/Company
225 Stinnis Street
Contonment, FL 32533 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Moore at 850, 908-2206 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy}\$\$ (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lie	ability Company is:			
Moor (Must	and Ugare end with the words "Limited Li	Trucki iability Company,	ng LLC. "L.E.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal offic	ce of the Limited L	iability Company is:	
225 St Cantonn	ncipal Office Address: innis Street ment, PL 32533	2 Cor	Mailing Add 25 Stinnis Honment, FL	ress: Street 32533
(The Limited Liability Com	Agent, Registered Office, & Boany cannot serve as its own Rean active Florida registration.)	egistered Agent, Yo		dividual or
The name and the Florida st	reet address of the registered ag Alex L. N 225 S Florida street address (Florida street address (Moore hnnis S P.O. Box NOT acc	treet eptable) 37533 Zip	
place designated in this certifi arther agree to comply with t	red agent and to accept service of cate, I hereby accept the appoint to provisions of all statutes relate obligations of my position as the Registered	tment as registered ting to the proper a	l agent and agree to act ind complete performan provided for in Chapte	in this capacity. I ce of my duties, and I
		CONTINUED) Page 1 of 2		16 JUL 22 PM L

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager "President	Alex L. Moore 225 Stinnis Street Cantonment, PC 32533
<u> </u>	
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the da effective date is listed, the date must be sate of filing.) If the date inserted in this block does not	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.) If the date inserted in this block does not occument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as
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CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.) If the date inserted in this block does not occument's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days after to meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not ocument's effective date on the Department ocument's effective date on the Department ocument. REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not be listed as not of State's records. A substituting the statutory filing requirements and the state of State's records.
ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not ocument's effective date on the Department ocument's effective date on the Department ocument. REOUIRED SIGNATURE: Signature of a rank ocument is executed any state of the state of the state ocument is executed any state of the state occurrence of the state occurrence occur	specific and cannot be more than five business days prior to or 90 days after to meet the applicable statutory filing requirements, this date will not be listed as not of State's records.

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)