

L16000165163

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16 AUG 30 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

41 9/8/16

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mox Props, LLC.

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Woodroe Blake Fugate  
NORM D FUGATE PA  
Post Office Box 98  
WILLISTON, FL 32696  
E-mail address (to be used for future annual report notification): [Blake@normdfugatepa.com](mailto:Blake@normdfugatepa.com)

For further information concerning this matter, please call:

Woodroe Blake Fugate at (352) 528-0019

Enclosed is a check for the following amount: \$125.00 Filing Fee

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**ARTICLES OF ORGANIZATION  
OF  
MOX PROPS, LLC.**

**ARTICLE I – NAME**

The name of the limited liability company is Mox Props, LLC., ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
17051 NE 50th Street  
Williston, Florida 32696

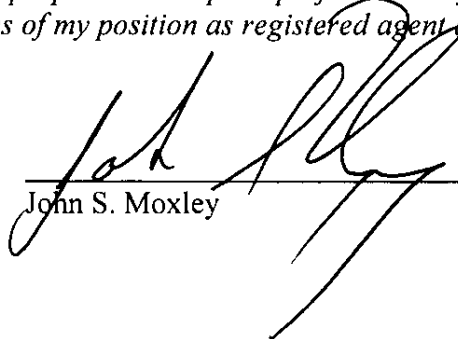
Mailing Address:  
17051 NE 50th Street  
Williston, Florida 32696

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

John S. Moxley  
17051 NE 50th Street  
Williston, Florida 32696

*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.*

  
\_\_\_\_\_  
John S. Moxley

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#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

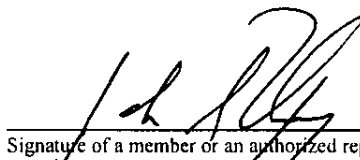
Manager  
MGR

John S. Moxley  
17051 NE 50th Street  
Williston, Florida 32696

Manager  
MGR

Dana R. Moxley  
17051 NE 50th Street  
Williston, Florida 32696

**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.

John S. Moxley

Typed or printed name of signee

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