# L10000183987

(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:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:

Office Use Only



300290661463

300290661463 10/04/16--01001--006 \*\*70.00

09/30/16--01009--011 \*\*125.00

FILED

FI

C. GOLDEN 0CT - 4 286

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 10-3-16
ENTITY NAME:
Moeller Miami LLC
**DITACE PILE THE ATTACHT AND DETIDAL**
**PLEASE FILE THE ATTACHED AND RETURN:**  Plain Copy  Certified Copy
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**  Document Number:
Certified Copy of Arts & Amendments  Certificate of Good Standing
**APOSTILLE'/NOTARIAL CERTIFICATION:** COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 125- CHECK NUMBER: (55° Credut - See att. CK# 2921) PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.  Thank you! Tina Goff, President

## ARTICLES OF ORGANIZATION FOR MOELLER MIAMI LLC

FILED

16 007 -3 PH 2: 50

(FLORIDA LIMITED LIABILITY COMPANY)

#### ARTICLE I - Name

The name of the Limited Liability Company is: Moeller Miami LLC

#### ARTICLE II - Address

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

8743 La Palma Lane Naples, FL 34108

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Candace Moeller 8743 La Palma Lane Naples, FL 34108

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

Candace Moellé

ARTICLE IV - Manager Managed

The Company is manager-managed. The name and address of a manager of the Limited Liability Company is as follows:

Candace Moeller 8743 La Palma Lane Naples, FL 34108

### **ARTICLE V - Operating Agreement**

Any operating agreement of the Company must be in writing.

REQUIRED SIGNATURE:	
Signature of authorized representative of proposed member.	
(In accordance with section 605.0203 (1) (b), Florida Statutes, th	e execution of this document
constitutes an affirmation under the penalties of perjury that the f	
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.	5.)
	· · · · · · · · · · · · · · · · · · ·
	September 2, 2016
Candace Moeller, Authorized Representative	•