116000220572

(Requ	uestor's Name)	
(Addı	ess)	<u> </u>
(Addı	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

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09/17/18--01015--008 **25.00

9/24/1805

COVER LETTER

TO: Registration Section Division of Corporations			
Moore Service, LLC.			
	ited Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are su	bmitted for filing.		
Please return all correspondence concerning this matter	er to the following	:	
Aline Moore			
Name of Person			
Moore Service LLC			
Firm/Company		-	
5804 Bridget ST			
Address		•	: <u> </u>
Metairie, LA 70003			> =
City/State and Zip Code		-	W
floridausa30@yahoo.com			
E-mail address: (to be used for future annual	report notificatio	n)	
For further information concerning this matter, please	call:		
Marcos Santos	504	994-8410	
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, Florida 32314	

STATEMENT OF AUTHORITY

authority	/:			•	ompany submits the f	ollowing s	tatement	of
FIRST:	The name of the	limited liabili	ity company is: Mc	ore Servi	ce, LLC.			
SECON	D: The Florida l	Document Nun	mber of the limited l	iability com	pany is: L1600022	0572		
THIRD	: The street addr		ted liability compan	y's principal	office is:			
	Orlando, FL	32837						
						•	(:) (:)	
	The mailing ac	ldress of the li	mited liability comp	oany's princi		•	7 A #:	
	Windermere	, FL 34786					 	
	on the following: 1. May execut	e an instrumen		roperty held	in the name of the col		а ѕрест	c
	b. No	authority gran	nted to: any othe	r person				
			sactions on behalf of ne Moore or Ma		se act for or bind, the	company.		
	b. No	authority gran	any othe	r person				
<u> </u>	man S	}	·		Marcos Santos			
Signafur	e of authorized re	epresentative	Filing Fee: Certified Cop	\$25.00 y: \$30.00 (d	Typed or printed na optional)	ıme of sigr	iature	

CR2E138 (2/14)