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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· - · · · · · · · · · · · · · · · · · ·
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Registration Section

TO:

4 Di	vision of Corporations		
cun iecz.	J. L. Moeller LLC		
SUBJECT:		Limited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the fo	ollowing:
	Gary Henriksen		
		Name of	Person
	Ironclad Tax Accounting LLC		
		Firm/Co	npany
	328 Emmalee Place		
		Addre	ess
	The Villages FL 32162		
i	ronfinl@comcast.net	City/State and	l Zip Code
_	E-mail address: (to be us	ed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
	Gary Henriksenat (352	350-1733
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ling Fee \$\frac{130.00}{2}\$ Filing Fee & Certificate of Status	Certific	O Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

J	. L. Moeller LLC			
_	(Must end with the words "Limited Liab	bility Company	, "L.L.C.," or "LLC.")	_
ARTICLE I	I - Address:			
The mailing	address and street address of the principal office	•	Liability Company is:	
	Principal Office Address:	<i>Q*</i>	Mailing Address:	
	333 SE Laurel Run Drive		SE Laurel Run Drive	
- <u>(</u>	Ocala FL 34471	_ <u>Ocal</u>	a FL 34471	_
ARTICLE !	II - Registered Agent, Registered Office, & R	egistered Agen	t's Signature:	
(The Limited	II - Registered Agent, Registered Office, & R I Liability Company cannot serve as its own Reg iness entity with an active Florida registration.)			
(The Limited another bus	l Liability Company cannot serve as its own Reg	istered Agent. \	You must designate an individual or	17 JA
(The Limited another bus	I Liability Company cannot serve as its own Reginess entity with an active Florida registration.) In the Florida street address of the registered age Julie Landry-Moeller	istered Agent. \	You must designate an individual or	•
(The Limited another bus	I Liability Company cannot serve as its own Reginess entity with an active Florida registration.) In the Florida street address of the registered age Julie Landry-Moeller	istered Agent. \	You must designate an individual or	•
(The Limited another bus	I Liability Company cannot serve as its own Reginess entity with an active Florida registration.) In the Florida street address of the registered age Julie Landry-Moeller	istered Agent. Y	You must designate an individual or	•
(The Limited another bus	I Liability Company cannot serve as its own Reginess entity with an active Florida registration.) In the Florida street address of the registered age Julie Landry-Moeller Na	nt are:	You must designate an individual or	•
(The Limited another bus	d Liability Company cannot serve as its own Reginess entity with an active Florida registration.) d the Florida street address of the registered age Julie Landry-Moeller Na	nt are:	You must designate an individual or	•

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..

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Julie Landry-Moeller
	2333 SE Laurel Run Drive
	Ocala FL 34471
	
ffective date is listed, the date must be s	te of filing: <u>January 1, 2017</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the data ffective date is listed, the date must be see of filing.) If the date inserted in this block does not ument's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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