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JAN 19 2017



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January 13, 2017

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: New Filing Section

Re: Articles of Organization for Full Moon Transport, L.L.C.

Dear Sir or Madam:

Enclosed please find the following:

- 1) Cover Letter to Registration Section;
- 2) Articles of Organization for Florida Limited Liability Company; and
- 3) Check in the amount of \$160.00 for the filing fee, certificate of status and certified copy.

Should you have any questions or require additional information, please do not hesitate to contact me.

Very truly yours,

Cherylann Patterson, AS, FRP
With a Degree in Paralegal Studies to
Bruce W. Robinson

CP/
Enclosures: as stated.
cc: Robert P. Searcy

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Full Moon Transport, L.L.C.
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:

Robert P. Searcy
Name of Person

Full Moon Transport, L.L.C.
Firm/Company

1568 NW Turner Avenue
Address

Lake City, Florida 32055
City/State and Zip Code

Email: Helismoke@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE W. ROBINSON at (386) 755-1334
Name of Person - Area Code - Daytime Telephone Number

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ 155.00 Filing Fee & Certified Copy (additional copy is enclosed)

X **\$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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Full Moon Transport, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1568 NW Turner Avenue
Lake City, Florida 32055

1568 NW Turner Avenue
Lake City, Florida 32055

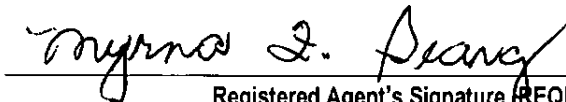
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Myrna F. Searcy
1568 NW Turner Avenue
Lake City, Florida 32055

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 (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ROBERT P. SEARCY
1568 NW Turner Avenue
Lake City, Florida 32055
Email: Helismoke@aol.com

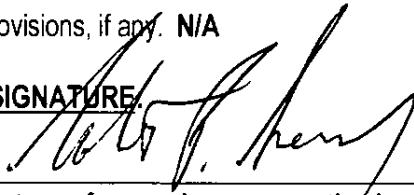
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any. **N/A**

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.

ROBERT P. SEARCY

[Typed or printed name of signee]

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)