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(Requestor's Name)	
(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:	
Office Use Only	-



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#### COVERLETTER

TO: New Filing Section **Division of Corporations** <u>ATTY</u> MOSLECT LC Name of Limited Liability Company SUBJECT: \_

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arry S Moste-. Center Street Address Panacea, Fl. 32346 City/State and Zip Code Lavrasmosley 59@ gmail Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:





# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:



#### ARTICLE II - Address:

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



# 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:



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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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.

Any Wighy 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:

- L 🖌 🔦

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
$\frac{MGR}{K} = \frac{M}{K}$	Larry Mosley 42 Center Street Panaces FL 32346
<del></del>	
(Use attachment if necessary)	

2/11 \_\_\_\_. (OPTIONAL) 19 ARTICLE V: Effective date, if other than the date of tiling: \_\_\_\_ (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,

REOUIRED SIGNATURE:

my Marty

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.

Larry Moslyy

## Filing Feest

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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