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TALLAHASSEF, FI



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MAY 1 2 2015

FOR MAILING A

TO: Registration Section
Division of Corporations

SUBJECT: STACEY DEON MODRE LLC

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:	
The Name of Person of The State	
STACEY DEON MOORE LLC Firm/Company	
1420 NW 32 rd Avenue	
Ft. Lauderdale Florida 33311.	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sia Mose at (954) 769-1030 Name of Person Area Code Daytime Telephone Number	

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\$125.00 Filing Fee, Figure \$130.00 Filing Fee & Certificate of Status	- ·	00 Filing-Fed licate of State led Copy	e,
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P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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:
STACEY DEON MOORE LLC (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:
1420 N.W. 32 Ave. 1420 N.W. 32 N. Ave. Fl. 33311 Fl. Landerdale, Fl. 33311
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:
Stacey Dean Moore
14an NW 3a Avenue Florida street address (P.O. Box <u>NOT</u> acceptable)
City State Zip

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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person a	uthorized to manage and control the Limited Lial	- bility Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Stace 41 Moore 1920 N.W. 32 nd Ft. 1940 to 33511	Ave.	٠
AMBER	Caloria Moore	W & .	
AMBER	140 N.W. 3331		
			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date o (If an effective date is listed, the date must be specified date of filing.) Note: If the date inserted in this block does not me	ific and cannot be more than five business day		lter
ARTICLE VI: Other provisions, if any.		us date will not-be live	<u> </u>
an awne that any faise ini constitutes a third degree fel	er or an authorized representative of a membrin accordance with section 605.0203 (1) (b), Floronation submitted in a document to the Depart only as provided for in s. 817.155, F.S.	orida Statutes, ment of State	r to ju
\$125.00 Filing Fee for Articles of Organi \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: zation and Designation of Registered Agent	2020 JUN 30	
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