6/6/22, 3:34 PM

Division of Corporations

Florida Expariment of State Dissign of Expansions Electron Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000197289 3)))



H220001922893ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THE PERMENTER LAW FIRM, P.A.

Account Number : I20200000193 Phone : (352)622-1811 Fax Number : (352)622-1866

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tommy@permenterlaw.com

12 JUN -6 AM 9:4

FLORIDA LIMITED LIABILITY CO.

MORENO FAM, LLC

Certificate of Status	
Certified Copy	
Page Count	
Estimated Charge	\$1

RECEIVED 22 Jun -6 PM 4:30

Electronic Filing Menu

Corporate Filing Menu

Help

0

01 25.00



. H22000197289 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MORENO FAM, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
---------------------------	------------------

12788 S.W. 64th Circle Ocala, Florida 34473

12788 S.W. 64th Circle Ocala, Florida 34473

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature; The name and the Florida street address of the registered agent are:

> DANILO M. MORENO 12788 S.W. 64th Circle Ocala, Florida 34473

Having been named as registered agent and to accept service of process for the above stated Ilmited 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 statues 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..

ed Agent's Signature (REQUIRED)

(CONTINUED)

H22000197289 3

ARTICLE IV — The name and address of each person auti Company:	norized to manage and control the Limited Liability	
<u>Title</u> : *AMBR* = Authorized Member *MGR* = Manager	Name and Address:	
MGR	DANILO M. MORENO 12788 S.W. 64 th Circle Ocala, Florida 34473	
MGR	BETHZABEL P. MORENO 12788 S.W. 64th Circle Ocala, Florida 34473	
ARTICLE V: Effective date, if other than the date of filing: (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.		
notaing a majority of the voting interests of	Inded from time to time by consent of the members I the Limited Liability Company, or otherwise in the Limited Liability Company's Operating Agreement, da.	
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.

DANILO M. MORENO

Typed or printed name of signee