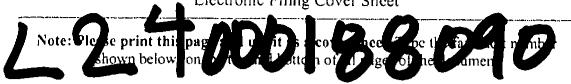
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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

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

Email Address:

charlesjmoore11@gmail.com

FLORIDA LIMITED LIABILITY CO.

Indispensable L.L.C.

Certificate of Status	ı
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate Filing Menu

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From: Heathe

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:					
he name of the Limited Liab	oility Company is:				
	V	f		5	#: *
Indispensable L.L	C.		•		
	ontain the words "Limited	Liability Company,	"L.L.C.," or "L	.LC.")	*
RTICLE II - Address:					
ne mailing address and stree	t address of the principal of	office of the Limited	Liability Comp	any is:	
Prin	cipal Office Address:		Mailing Address:		
150 Bradley Place Tower North		150	150 Bradley Place Tower North		
Palm Beach, FL 3			Palm Beach, FL 33480		
RTICLE III - Registered at the Limited Liability Companion business entity with a	any cannot serve as its own	Registered Agent.	You must desig	nate an inc	lividual or
he name and the Florida stro	et address of the registered	d agent are:			
	Charles J. Moore				
		Name			
	150 Bradley Place To	ower North			
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)		
	Palm Beach	Florida	33480)	
	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.,

By: Charles J. Moore

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	Name and Address:
"MGR" = Manager <u>AMBR</u>	The Charles J. Moore Living Trust under Trust Agreement October 23, 2013 150 Bradley Place Tower North, Palm Beach, FL 33480
 	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spetthe date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not in the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	
Door Control of the C	
REOUIRED SIGNATURE: (Lia	US J. Moore 11514780425
This document is executed an aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Chalres J. Moore	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)