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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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C. S. 2-

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | • | * Associate | |
|----------------------|-----------------------------------|------------------------------|---------------------------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> U | <u>IDE SUFFIX</u>) |
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | a check for: |
| \$70.00 | \$78.75 | □ \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | · | |
| | | | |
| FROM | GARNETT | MOORE | |
| 110141 | Name | (Printed or typed) | · · · · · · · · · · · · · · · · · · · |
| | 157 BREN | + Circle | |
| | | Address | |
| | Oldsmar, | Hlorida 30 | 4677 |
| | J | , | |
| | 813 - 431 - 5 Daytime | 636 | |
| | Daytime ' | Telephone number | |

NOTE: Please provide the original and one copy of the articles.



February 15, 2006

GARNETT MOORE 157 BRENT CIR. OLDSMAR, FL 34677

SUBJECT: MOORE & ASSOCIATES INC.

Ref. Number: W06000007473

We have received your document for MOORE & ASSOCIATES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 706A00011000

Carolyn Lewis Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

February 21, 2006

ı,

Carolyn Lewis/Document Specialist Florida Department of State Division of Corporations P O Box 6327 Tallahassee, Florida 32314

Dear Ms. Lewis;

Enclosed is the change to the Corporate Named filed "Moore & Associates, Inc., ref # W06000007473.

Please change the name to:

G.D. Moore & Associates Inc. 157 Brent Circle Oldsmar, Florida 34677

Thank you for your help.

Garnett Moore

COVER LETTER

| Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323 | tions | loore a As | ssociates, INC | |
|---|---|----------------------------|------------------------|--|
| SUBJECT: | Mooke - Asso | CINTES TICE. | | |
| | (FROFOSED CORFORA | TE NAME - <u>MOST INCL</u> | ODE SUFFIX) | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | l a check for: | |
| | • | | | |
| S70.00 Filing Fee | ☐ \$78.75 Filing Fee | \$78.75 Filing Fee | \$87.50 Filing Fee, | |
| rining ree | & Certificate of Status | & Certified Copy | | |
| | • | | & Certificate of | |
| | | | Status | |
| | | ADDITIONAL CO | DPY REQUIRED | |
| | | | | |
| FROM: | GARUETT M | OORE | | |
| | _ | | | |
| _ | 157 BREN | T Cincle | | |
| | | Address | | |
| _ | Oldsman, P | Tanda 3 | 4677 | |
| | - City, | , State & Zip | | |
| | 813 - 431-5 Daytime T | 636 | | |
| - | Daytime T | Telephone number | | |

NOTE: Please provide the original and one copy of the articles.

| ARTICLES OF INCORPORATION | |
|---|---|
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | רוו רה |
| ARTICLE I NAME | FILED |
| The name of the corporation shall be: | 06 FEB 23 PN 1:01 |
| G.D. MOORE & ASSOCIATES INC | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE | • |
| The principal place of business/mailing address is: 157 Brent Circle Olds in DR Flavilla, 34677 ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| MANAGEMENT | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| ONE | - |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | |
| GARNETT MOORE - PRESIDENT | |
| 157 BRELT CIRCLE Oldsmar, Florida, 34677 | |
| ARTICLE VI REGISTERED AGENT | _ |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the | e registered agent is: |
| GARNETT Moure | |
| ARTICLE VII MINCORPORATOR ARTICLE VII MINCORPORATOR | - - |
| The <u>name and address</u> of the Incorporator is: | |
| GARNETT MOORE, | · |
| 157 BRENT CIRCLE | |
| ************************************** | ******** |
| Having been named as registered agent to accept service of process for the above sta | |
| certificate, Lam familiar with and accept the appointment as registered agent and agre | |
| 100 P 50 V | 2/9/06 Date |
| Signature/Registered Agent | Date/ |
| Look Look | 2/9/06 |
| Signature/Incorporator | Date |