

L25000079103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

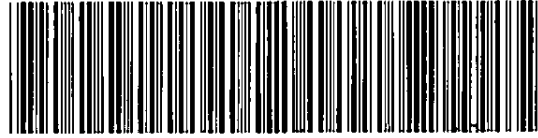
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2025 FEB 24 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
 2330 CLARE DRIVE
 TALLAHASSEE, FL 32309
 (850) 524-54372
 (850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature J. Felt

11040 Moon Crest Lane, LLC

Business Name #Document

Walk in _____ Will wait _____

_____ Certified Copy
 _____ Certificate of Status

NEW FILINGS

_____ Profit
 _____ Not for Profit
X LLC
 _____ Domestication
 _____ INC
 _____ CORP
 _____ LP

AMENDMENTS

_____ Amendment
 _____ Resignation of R.A.
 _____ Change of Registered Agent
 _____ Revocation of Dissolution
 _____ Conversion
 _____ Statement of Authority
 _____ Merger

REVOCATION OF DISSOLUTION

OTHER FILINGS

_____ TRANSMITTAL LETTER
 _____ Fictitious Name
 _____ Statement of Authority
 _____ APOSTIL _____
 _____ COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
 _____ Partnership
 _____ Reinstatement
 _____ Statement of CORRECTION
 _____ Domestication of a Foreign Corp.
 _____ Other

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 11040 Moon Crest Lane, 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:

Samantha Seiglie
Name of Person
Jacobs Law, LLC
Firm/Company
1117 Perimeter Center West, Suite W501
Address
Atlanta, GA 30338
City/State and Zip Code
reismanfambiz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Seiglie 404 474-3905
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

11040 Moon Crest Lane, LLC

(Must contain 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:

10952 Moon Crest Lane
Leesburg, Florida 34788

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Leesburg, Florida 34788

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:

Cheryl Reisman
Name

10952 Moon Crest Lane
Florida street address (P.O. Box **NOT** acceptable)

Leesburg FL 34788
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..

Signed by:

024BE4E99F074CB...
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Rodney Reisman
10952 Moon Crest Lane
Leesburg, Florida 34788

MGR

Cheryl Reisman
10952 Moon Crest Lane
Leesburg, Florida 34788

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

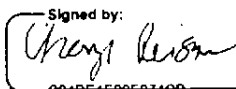
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The management of the Company is vested in one or more managers and governed by an operating agreement, a copy of which can be found at the Company's principal place of business.

REQUIRED SIGNATURE:

Signed by:


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.

Cheryl Reisman, Manager

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)