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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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D. BRUCE

JUN 10 2011

EXAMINER

COVER LETTER

	TO:	Registrati Division o	on Section f Corporations				
	SUBJE	_{сст} . S &	S Moving Service	LLC			
	Name of Limited Liability Company						
	The en	closed Articl	es of Organization and fee(s) are	submitted for filing.			
	Please	return all cor	respondence concerning this mat	ter to the following:			
		Evelyn	Noel		·		
				Name of Person			
		Evelyn	Noel Accounting				
				Firm/Company			
		3711 T	rout River Blvd.		· · · · · · · · · · · · · · · · · · ·		
				Address			
	,	Jackson	ville, Florida 32208		JUN]	en e	
			,	y/State and Zip Code	SEI S	Γ	
	-	Enoel019	98@aol.com	for future annual report notification)	<u> </u>		
	E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
	Evely	n Noel		at (904) 768-6486	•		
		Na	nme of Person	Area Code & Daytime Telep	hone Number		
	Enclos	ed is a chec	k for the following amount:				
\langle	\$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ΑК	1 11		, H.		. IN 91	me.

The name of the Limited Liability Company is:

S & S Moving Service L.L.C.

(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:3711 Trout River Blvd.3711 Trout River Blvd.Jacksonville, Florida 32208Jacksonville, Florida 32208

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:

Thomas Sweat

Name

3711 Trout River Blvd.

Florida street address (P.O. Box NOT acceptable)

Jacksonville

FL 32208

City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
MGR		Thomas Sweat	
		3711 Trout River Blvd	
		Jacksonville, Florida 32208	
N/A		N/A	
N/A		N/A	
N/A		N/A	
(Use attachmen	• /		
	isted, the date must be s	te of filing: <u>06-03-2011</u> . (OPTIONA pecific and cannot be more than five business day	
REQUIRED S	IGNATURE:		ža. Sa.:
	. Thomas	Sweet E	
	Signature of a member o	r an authorized representative of a member.	; =
consti I am a	itutes an affirmation under the aware that any false informati	8(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein de true ion submitted in a document to the Department State provided for in s.817.155, F.S.)	
	Thomas Sweat		
	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)