

L1900001S229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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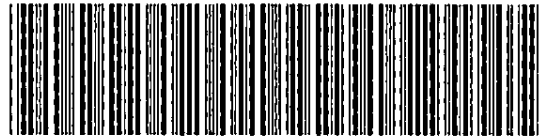
(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **January 16, 2019**

Account#: I20000000088

Name: **KEN HOWELL**

Reference #: **1036925**

Entity Name: **MOVI & ISOLUTIONS LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **** CERTIFIED COPY UPON FILING ****

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$155.00**

Signature: _____

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST, 10 FL
NY, NY 10016
800.271.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY #21077
6 BEVIS MARKS, 19 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12 FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
MOVI & ISOLUTIONS LLC**

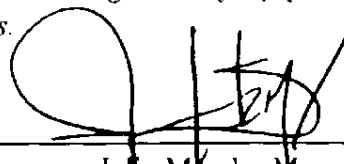
ARTICLE I – NAME: The name of the limited liability company is MOVI & ISOLUTIONS LLC (the “Company”).

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 915 Middle River Drive, Suite 519, Fort Lauderdale, FL 33304. The street address of the principal office of the Company is 915 Middle River Drive, Suite 519, Fort Lauderdale, FL 33304.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT’S SIGNATURE: The name and the Florida street address of the Company’s registered agent are:

Julio Morales Magro
915 Middle River Drive, Suite 519
Fort Lauderdale, FL 33304

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 in Chapter 605, Florida Statutes.



Julio Morales Magro

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

Title

Name and Address

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JULIO MORALES MAGRO
915 MIDDLE RIVER DRIVE
SUITE 519
FORT LAUDERDALE, FL 33304
AD

Member

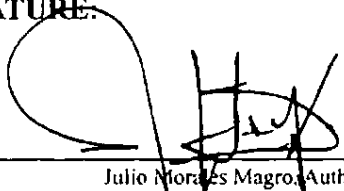
Julio Morales Magro
915 Middle River Drive, Suite 519
Fort Lauderdale, FL 33304

Member

Marisa Tamborrell Leon

915 Middle River Drive, Suite 519
Fort Lauderdale, FL 33304

REQUIRED SIGNATURE.



Julio Morales Magro, Authorized Person

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA