

F18000000336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

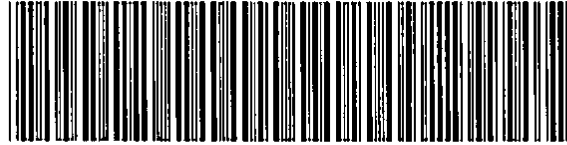
(Document Number)

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Special Instructions to Filing Officer:

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01/02/18--01035--011 \*\*70.00

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18 JAN 22 PM 4:23  
CLERK OF SUPERIOR COURT  
JAN 22 2018

S. WARREN

JAN 23 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2018

CINDY MEJIA \*\*2ND ATTEMPT\*\*  
MOVE IT, CUBE IT CORPORATION  
8795 W MCNAB ROAD  
TAMARAC, FL 33321

SUBJECT: MOVE IT, CUBE IT CORPORATION  
Ref. Number: W18000000565

We have received your document for MOVE IT, CUBE IT CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L15000030361 MOVE IT, CUBE IT LLC.

Please return 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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 318A00000179



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 3, 2018

CINDY MEJIA  
1441 SW 29TH AVE  
POMPANO BEACH, FL 33309

SUBJECT: MOVE IT, CUBE IT CORPORATION  
Ref. Number: W1800000565

We have received your document for MOVE IT, CUBE IT CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L15000030361 MOVE IT, CUBE IT LLC.

Please return 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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 318A00000179

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOVE IT CUBE IT CORPORATION

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CINDY MEJIA

\_\_\_\_\_  
Name of Person

MOVE IT CUBE IT CORPORATION

\_\_\_\_\_  
Firm/Company

1441 SW 29TH AVE

\_\_\_\_\_  
Address

POMPANO BEACH, FL 33309

\_\_\_\_\_  
City/State and Zip code

ANNA@MOVINGCOST.COM, CINDY@MOVINGCOST.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CINDY MEJIA

954

958-2261

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

MOVE IT CUBE IT CORPORATION

1. \_\_\_\_\_

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

TEXAS

2. \_\_\_\_\_ 3. \_\_\_\_\_

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

7/17/2006

4. \_\_\_\_\_ 5. \_\_\_\_\_

(Date of incorporation)

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1441 SW 29TH AVE POMPANO BEACH, FL 33309

7. \_\_\_\_\_

(Principal office address)

8795 W MCNAB ROAD TAMARAC, FL 33321

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: THE LAW OFFICE OF ELIAS R. HILAL PA

Office Address: 633 SE 3RD AVE 301

FT LAUDERDALE, Florida 33301

(City)

(Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place  
designated in this application, 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 relative to the proper and complete performance of my  
duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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18 JAN 22 PM 4:23  
TAMARAC, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: SUNGATE HOLDINGS LLC

Address: 2711 CENTERVILLE ROAD # 400

WILMINGTON, DE 19808

Vice President: NATIONWIDE MOVE MANAGEMENT LLC

Address: 2711 CENTERVILLE ROAD # 400

WILMINGTON, DE 19808

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. ALDO DISORBO Owner Sungate Holdings LLC

(Typed or printed name and capacity of person signing application)

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18 JAN 22 PM 4:23  
STATE OF FLORIDA



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Move it, Cube it Corporation (file number 800681718), a Domestic For-Profit Corporation, was filed in this office on July 17, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 28, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State