

L0000000-1890

Five Star Movers

Requester's Name

12902 US Hwy 301 S

Address

River view, FL 33569

City/State/Zip

Phone #

300003135043--9
-02/15/00-01008-020
***130.00 ***130.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

- Walk in
- Pick up time _____
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

FILED
00 FEB 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS

- Profit.
- Not for Profit

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Name	<input type="checkbox"/> Limited Liability
Availability	<input type="checkbox"/> Domestication
Document	<input type="checkbox"/> Other
Examiner	DCC
OTHER FILINGS	
Updater	
Updater	<input type="checkbox"/> Annual Report
Verifier	<input type="checkbox"/> Fictitious Name
Acknowledgement	DCC
W. P. Verifier	DCC

L0000000 1890

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIVE STAR MOVERS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

12902 US Hwy 301 S, RIVERVIEW, FL 33569

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ROBERT L. BERRIEN
Name
12902 US HWY 301 SOUTH
Florida street address (P.O. Box **NOT** acceptable)
RIVERVIEW FL 33569
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..

FILED
NOV 25 AM 10:25
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO

Robert L. Berrien

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Robert L. Berrien
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT L. BERRIEN JR
Typed or printed name of signee

- Filing Fees:**
- x \$100.00 Filing Fee for Articles of Organization
 - x \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - x \$ 5.00 Certificate of Status (Optional)