

L040000 54 768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

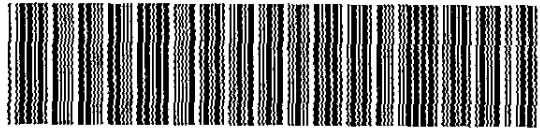
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500039122485

07/22/04--01052--017 \*\*160.00

FILED  
04 JUL 22 PM 1:28  
TALLAHASSEE, FLORIDA

7/23/04  
mmt

**TRANSMITTAL LETTER** 7/20/04

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOVING IN STYLE, 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:

LINDA WHALEN

(Name of Person)

MOVING IN STYLE, LLC

(Firm/Company)

1956 SW ALADDIN STREET

(Address)

PORT ST LUCIE, FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA WHALEN

(Name of Person)

at ( 772 )

343-9554

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RECEIVED  
TALLAHASSEE, FLORIDA

04 JUL 22 PM 1:28

**FILED**

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MOVING IS STYLE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1956 SW ALADDIN STREET

PORT ST. LUCIE

FLORIDA, 34953

**Mailing Address:**

1956 SW ALADDIN STREET

PORT ST. LUCIE

FLORIDA, 34953

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

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

LINDA WHALEN

Name

1956 SW ALADDIN STREET

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

PORT ST. LUCIE

FLORIDA

City, State, and Zip

**FILED**  
04 JUL 22 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, Florida Statutes..*



Registered Agent's Signature

7/24/04

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

LINDA WHALEN

1956 SW ALADDIN STREET

PORT ST. LUCIE, FL 34953

MGRM

LORAIN SANDBLOM

935 N WILD OLIVE STREET

DAYTONA BEACH, FL 32118

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Linda Whalen  
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.)

LINDA WHALEN  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization ✓

\$ 25.00 Designation of Registered Agent ✓

\$ 30.00 Certified Copy (Optional) ✓

\$ 5.00 Certificate of Status (Optional) ✓

160.00

7/20/04

TOTAL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUL 22 PM 1:28

FILED