

L05000024290

(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



600047553226

03/10/05--01047--005 **125.00

TALLAHASSEE, FLORIDA

05 MAR 10 PM 3:25

05 MAR 10 PM 1:24

REMOVED

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/State/Zip

850-222-2785

Phone #

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

1- MOVE USA, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TALLAHASSEE, FLORIDA

05 MAR 10 PM 3:25

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
MOVE USA, LLC

1. **NAME:**

The name of the limited liability company is MOVE USA, LLC

2. **PERIOD OF DURATION:**

The period of its duration Shall be perpetual.

3. **PRINCIPAL PLACE OF BUSINESS:**

The street and mailing address of the company's place of business is:

Joel M. Brown
19920 Northwest 10th Street
Pembroke Pines, FL 33029

4. **REGISTERED AGENT AND REGISTERED OFFICE:**

The name of the agent and address of the registered office is:

Joel M. Brown
19920 Northwest 10th Street
Pembroke Pines, FL 33029

5. **RIGHT TO ADMIT AND REGISTERED OFFICE:**

Members are given the right to admit new members, upon a seventy-five (75%) percent vote of the existing members and approval of the Manager.

6. **RIGHT TO CONTINUE LIMITED LIABILITY COMPANY:**

This Limited Liability Company shall not be dissolved in the event of the death, withdrawal, resignation, expulsion, bankruptcy or dissolution of a member, or occurrence of any other event that terminates the continued membership of a member and shall continue its existence as a limited liability company.

7. **MANAGEMENT:**

Joel M. Brown
19920 Northwest 10th Street
Pembroke Pines, FL 33029

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 05-10-2010 BY 60322

Harold J. Salazar
19920 Northwest 10th Street
Pembroke Pines, FL 33029


8. THE ORGANIZERS ARE:

Name and address of organizers:

Joel M. Brown
19920 Northwest 10th Street
Pembroke Pines, FL 33029

Harold J. Salazar
19920 Northwest 10th Street
Pembroke Pines, FL 33029

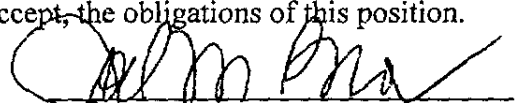
The undersigned organizer has executed these Articles of Organization this 9
day of March, 2005.


JOEL M. BROWN

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I hereby accept my appointment as registered agent for MOVE USA, LLC. As
registered agent I am familiar with, and accept, the obligations of this position.

DATE: 3/9/05


JOEL M. BROWN, Registered Agent

STATE OF FLORIDA)

SS:

COUNTY OF BROWARD)

Before me, the undersigned Notary, on this day personally appeared Joel M.
Brown, whose name is subscribed to the foregoing instrument, and acknowledged to me
that he executed the same for the purposes and consideration therein expressed, and in the
capacities stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this 9 day of March, 2005.

NOTARY PUBLIC

My Commission Expires:



Brandii Kinty
MY COMMISSION # DD214790 EXPIRES
May 22, 2007
BONDED THRU TROY FAIN INSURANCE, INC

05 MAR 10 PM 3:25
TALLAHASSEE
FLORIDA