Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124

Fax Number : (800) 494-3124 Fax Number : (305) 675-2811 AM IU: 15
ARY OF STATE
ASSEE, FLORIDA

**EFLORIDA/FOREIGN LIMITED LIABILITY CO.** 

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### A & M Moving Mavens L.L.C.

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is: A & M Moving Mavens L.L.C.

#### ARTICLE II ADDRESS

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

2434 San Pletro Circle

Palm Beach Gardens Florida 33410

# 06 AUG 17 AM 10: 15 SECRETAR FOF STATE ALLAHASSEE. FLORIDA

# ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are: A1A REGISTERED AGENT INC.

92 SABDERRY RD

**QUINCY, FL 32351** 

Having been named as registered agent 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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Signature Registered Agent

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#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER
Amy Ducat
2434 San Pietro Circle
Palm Beach Gardens Florida 33410

MANAGING MEMBER
Mariagnes Murray
16307 Bristol Pointe Drive
Deiray Beach Florida 33446-2375

x Mariagne Munny

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.

NAME OF SIGNER Mariagnes Murray Typed or printed name of signee