## L10000097475

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
<b>\</b>	
PICK-UP X WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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DEFARRACES OF STATE
DIVISION OF CORPORATION

10 SEP 17 PH & 12
SECRETARY OF STARS

T. HAMPTON SEP 17 2010 EXAMINER

## **COVER LETTER**

Division of Co			
SUBJECT:	liable Movel Name of Limit	S of Tallahassee ed Liability Company	<u></u>
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	ondence concerning this mat	ter to the following:	
	Eric	Eatsey Name of Person	
<u> </u>		Firm/Company	
	1303 Oca	10 Rd Apt	# 179
Tal	lahassee F	Address  Address  Address  Apt  3230  y/State and Zip Code  OSO VALOS COM  for future annual report notification)	
	Eatser 3 Famail address: (to be used)	050 Vahos com	
For further information	concerning this matter, please	e call:	•
Name	of Person	at () Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Reliable Movers of Tall (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1303 OLAIA RD Apr 179 Tallahassee Fl 32303	1303 Ocala RD Apt 179 Tallahassee Fl , 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	
Eric Eu Name	tsey
	ress (P.O. Box NOT acceptable)
Tallahassee City. Sta	<u>FL3_23_03</u>
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate. I hereby accept the appointment as v. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
STE E	<u> </u>
Registered Agent's Signar	REQUIRED)
(CONT)	(O ~~ )
Page 1	, UL 4

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:
MGR	M	Eric Entsty 1303 Ocala BRA Apt #1 Tallahassee R2, 32303
/1 log attackers a	nt if necessary)	
FICLE V: Effective date is	listed, the date must b	e date of filing: (OPTIONA be specific and cannot be more than five business day.
FICLE V: Effective of the reflective date is r 90 days after the	listed, the date must be date of filing.)	e date of filing:
FICLE V: Effective effective date is r 90 days after the	listed, the date must he date of filing.)  SIGNATURE:  Signature of a memb	er or an authorized representative of a member section 608.408(3), Plerida Statutes, the execution titutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)