# #1/100013/4/8

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(-1.7, -1.1.1.1.2.1.4)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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# **COVER LETTER**

TO: '	Registratio Division of	n Section Corporations	•	•
SHRIE	CT. AKF	R Moving LLC		
SOBIL			ed Liability Company	
an .				
		s of Organization and fee(s) are	-	
Please	return all corr	espondence concerning this mate	er to the following:	
	Carlos	Dominguez		
			Name of Person	
			Firm/Company	
	2501 S.	.W. Cameo Blvd		
•	,	-	Address	
F	Port St. L	ucie, FL 34953		
•			y/State and Zip Code	
_	CarlosHu	go33@yahoo.com	or future annual report notification)	·
Fan Gun	41			
For fur	ther informati	on concerning this matter, please	call:	
Carlo	os Doming	<u></u>	at ( 772 ) 882-8113	
	Nai	me of Person	Area Code & Daytime Teleph	one Number
Enclos	sed is a check	for the following amount:		
, \$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	cle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:



# **AKR Moving LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:	
2501 S.W. Cameo Blvd Port St. Lucie, FL 34953	2501 S.W. Cameo Blvd Port St. Lucie, FL 34953	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of Carlos Dominguez		135. <b>10</b>
<del></del>	Name	FIL 10 DEC 23 SLUKLJAK ALLAHASS
2501 S.W. Ca	meo Blvd	C 23
Florida stre	eet address (P.O. Box NOT acceptable)	HO R
Port St. Lucie	<sub>FL</sub> 34953	9
Ci	ity, State, and Zip	3音8

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Carlos Dominguez
	2501 S.W. Cameo Blvd
	Port St. Lucie, FL 34953
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: January 1, 2011 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

## **REQUIRED SIGNATURE:**

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

# Carlos Dominguez

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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