L110000047631

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EXAMINER



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COVER LETTER

· TO:

TO:	Registration Division of C	Section Corporations		
	Hone	et and True Movir	na Crow II C	
SUBJE	CT: HOITE	est and True Movin	ed Liability Company	-
The enc	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corre	spondence concerning this matt	er to the following:	
	Joseph	P. Pelletier, III		
-			Name of Person	
	Honest :	and True Moving (Crew, LLC	
_			Firm/Company	
	5959 Sa	ndwedge Lane #40)2	
_			Address	
١	Naples, F	L 34110		
-	 		y/State and Zip Code	
5	sotrulybles	ssed777@yahoo.com		
		E-mail address: (to be used f	or future annual report notification)	
For furt	her informatio	n concerning this matter, please	e call:	
Josep	ph P. Pelle	etier, III	at (239) 465-5249	
	Nam	e of Person	Area Code & Daytime Telepi	hone Number
Enclose	ed is a check	for 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Honest and True Moving Crew, 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:

5959 Sandwedge Lane #402

Naples, FL 34110

5959 Sandwedge Lane #402

Naples, FL 34110

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Joseph P. Pelletier, III

5959 Sandwedge Lane #402

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

Naples

FL 34110 City, State, and Zip

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..

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRM	Joseph P. Pelletier, III
	5959 Sandwedge Lane #402
	Naples, FL 34110
	
(Use attachment if necessa	m/ \
(Ose attachment if necessa	••)
CLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL
effective date is listed, the d	ate must be specific and cannot be more than five business days
0 days after the date of filin	g.)
	_
REQUIRED SIGNATUR	RE:
	1 / 1 11 10
	Land College -
Signatura	of a member or an authorized representative of a member.
	<i>(</i> /
(In accordance wit	h section 608.408(3), Florida Statutes, the execution of this document
Constitutes an affir	mation under the penalties of perjury that the facts stated herein are true. y false information submitted in a document to the Department of State
i aili await illat all	y raise information submitted in a document to the Department of State

Joseph P. Pelletier, III 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)