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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	p #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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ALL HASSET FRANK

(850) 245-6051.

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Moving Majons of Florida, LLC			
Name of Limited Liability Company				
The enc	osed Articles of Organization and fee(s) are submitted for filing.			
Please r	turn all correspondence concerning this matter to the following:			
_	Wendy C. Wicks			
	Moving Mavens of Florida, LLC.			
-	Firm/Company			
_	5651 Golf Pointe Drive			
	Address			
<u>-</u>	Sarasota, CL 34243			
	City/State and Zio Code Wendywicks I a grail. Com			
-	E-mail address: (to be used for future afinual report notification).			
: fin	er information concerning this matter, please call:			
W	Name of Person at (781) 710-7208 Area Code & Daytime Telephone Number.			
	Name of Person Area Code & Daytime Telephone Numer.			
Enclos	d is a check for the following amount:			
\$125.0	O Filing Fee 2\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 3230:			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Moving Mavens of	Florida, LLC.
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	. rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5651 Golf Pointe Drive	5651 Golf fointe Drive Salusota FL34243
Sarasota, FL 34243	Salusota, FL34243
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Fiorioa registratio	tered Agent. You must designate an individual or another
The name and the Florida street address of the	and an
Shary F	- Wicks 3
Name	2
1422 Boghese Lane	dress (P.O. Box NOT acceptable)
Florida street ad	dress (P.O. Box NOT acceptable)
Papes, Fl	34114 tate, and Zip
Having been named as registered agent and to liability company at the place designated in egistered agent and agree to act in this capac all statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of te performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 1

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 Member	Name and Address:
NGR R	Wendy C. Wicks 5651 Golf Pointe Drive
	Sacusota, FL 34243
Use attachment if necessary)	May 12 213
	e date of filing: May 1, 2013. (OPTION to be specific and cannot be more than five busing

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 occumen. 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.)

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)