L13000097338

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FILEU SECRETAREOF STATE

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

MOVING FORWARD DELIVERY SERVICES LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLA B FLOYD

Name of Person

MOVING FORWARD DELIVERY SERVICES LLC

Firm/Company

9216 NORTH PALAFOX STREET

Address

PENSACOLA, FLORIDA 32534

City/State and Zip Code

movingforward2911@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORETTA JOHNSON

.,850

587-2209

Name of Person

Area Code & Daytime Telephone Number

Enclosed 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 Circle
Tallahassee, FL 32301



June 18, 2013

CARLA B FLOYD 9216 NORTH PALAFOX STREET PENSACOLA, FL 32534

SUBJECT: MOVING FORWARD DELIVERY SERVICES, LLC

Ref. Number: W13000035217

We have received your document for MOVING FORWARD DELIVERY SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received on 06/17/13.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 013A00015277

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
MOVING FORWARD DELIVERY SERVICES, LLC		
(Must end with the words "Limi	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
9216 NORTH PALAFOX STREET		
PENSACOLA, FLORIDA 32534		• •
		-
(The Limited Linbility Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address CHERYL L JONES		ure: SEGRETAR FILLAHASS
2298 WELCOME ROAD)	Fig 7 H
Florida	street address (P.O. Box NOT acceptable)	
CANTONMENT,	r <u>c</u>	
	City, State, and Zip	37
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and and accept the obligations of my positive.	t and to accept service of process for the above so nated in this certificate, I hereby accept the appoints capacity. I further agree to comply with the pill complete performance of my duties, and I am failing as registered agent as provided for in Chapte of Signature (REQUIRED)	intment as rovisions of miliar with

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	CARLA B FLOYD	
	2290 WELCOME ROAD	
	CANTONMENT, FL 32533	
MGRM	CAROLYN BRAGG	
	7604 BROOK FOREST DRIVE	
	PENSACOLA, FL 32514	
MGRM	JACQUELINE M PAGE	
	2280 WELCOME ROAD	
	CANTONMENT, FLORIDA 32533 "	
		
•		
	06/26/2012	
-	date of filing: 06/26/2013 (OPT) be specific and cannot be more than five but	IONAL) usiness
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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