L13000144734

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
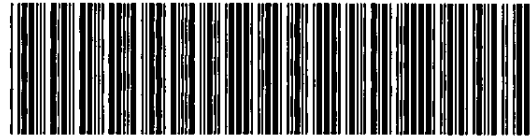
_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

OCT 14 2013

A. LUNT

Office Use Only

To Whom it May Concern,

This duplicate copy of the original is sent because I sent the original on 10/05/13 and forgot to enclose the $125°° check.

Thank you.

Kim Christou

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
        Division of Corporations

SUBJECT: **Work Moves LLC**
                    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:

Kim Christou
                    Name of Person

_____
                    Firm/Company

5525 NW 48TH PL,
                    Address

GAINESVILLE FL 32606
                    City/State and Zip Code

work movesanv@gmail.com
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Christou   at (**352**) **514·0064**
        Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒$125.00 Filing Fee   ☐$130.00 Filing Fee &   ☐$155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                   (additional copy is enclosed)   Certified Copy
                                                                            (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Work Moves 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:

5525 NW 48TH PL.
GAINESVILLE FL
32606

Mailing Address:

5525 NW 48TH PL,
GAINESVILLE FL
32606

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:

Kim Christou

Name

5525 NW 48TH PL.

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

FL 32606

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

Kim Christou

5525 NW 48TH PL.
GAINESVILLE FL 32606

GRACIELA LOPEZ-NIETO

4704 SW 80th PL
GAINESVILLE, FL 32608

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Kim Christou

_____
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)