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(APR 0 9 2014 D. BRUCE

COVER LETTER

TO: Registration So Division of Cou			
SUBJECT: On T	he Move	Maried Liability Company	
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
Bri	an Pearce The Move	Name of Person	
On	The Move	LLC Firm/Company	
703	Delaware 9	it tallahassee	fl 32304
- teamor	ndec/Lama	ity/State and Zip Code Shair land La I for future annual report notifica	OM tion)
For further information of	concerning this matter, plea	se call:	
Brian lea	of Person	Area Code Daytime Tel	2 48 lephone Number
Enclosed is a check for t	he 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)
Mailir	ng Address	Street/Courier Add	ress

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
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:	
On The Move Movin (Must end with the words "Limit	ted 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:
	703 Delaware St tallahassee FL 32304
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra	wn Registered Agent, You must designate an individual or
The name and the Florida street address of the register Brian Practice.	red agent are:
703 Delauar Florida street address (P.O. F	Box NOT acceptable)
Hallahasser City	FLF 32304
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	t service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this cons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in hapter 605, F.S
Bunke	
Registered Agent's Signature	gnature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member MGR" = Manager		
AMISK	Brican Prases.	
	703 Helware st	-
	tallahassee H 32364	. /
MBR -	Howard Patricle Bi	ooks_
	2332, Negran Pl	-
	19/19hisau FC 32304	-
		-
		-
		- -
		-
Ise attachment if necessary)		
tive date is listed, the date must be specif	filing: (OPTIONAL) ic and cannot be more than five business days prior to or	90 days after
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