14000121519

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900262356319

08/01/14--01021--020 **125.00

AUG - 4 2014 T. HAMPTON

COVER LETTER

	on Section f Corporations		
SUBJECT: Move		mited Liability Company	t Admin duriture from the section of
	Name of Li	mited Liability Company	
	es of Organization and fee(s) a	_	
<u>Kristin</u>	a Spalding and Sasha Marti	nez Name of Person	
		Name of Person	
Move \	With KS LLC		
		Firm/Company	
<u>.266 NI</u>	51st ST Apt. 3	Address	
		Audress	
Miami.	FL 33137		
	C	City/State and Zip Code	
Info@movew	ithks.com	ed for future annual report notifica	tion)
For further information	ion concerning this matter, ple	•	auou)
Sasha Martinez	at (at	786) 212-2467	
N	ame of Person	Area Code Daytime Te	lephone 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)
	Tailing Address	Street/Courier Addi	ress

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:	
Move With KS LLC	
(Must end with the words "Limited l	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
266 NE 51st St Apt 3	266 NE 51st St. Apt 3
Miami, FL 33137	Miami, FL 33137
ARTICLE III - Registered Agent, Registered Office, &	k Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own I	
another business entity with an active Florida registration	ı.)
The name and the Florida street address of the registered	agent are:
Sasha Martinez Name	
, want	
266 NE 51st St Apt 3	THE MAN AND AND AND AND AND AND AND AND AND A
Florida street address (P.O. Box	NOT acceptable)
<u>Miami</u>	FL 33137
City	Zip
the place designated in this certificate, I hereby accept	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this
of my duties, and I am familiar with and accept the obli	of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
Sun Am	
Registered Agent's Signatu	ure (REQUIRED)

(CONTINUED)

Page 1 of 2



"MGR" = Manager	Name and Address:
AMBR	Kristina Spalding
7,000	17131 NW 12th Ave
	Miami, FL 33169

44-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	######################################
(Use attachment if necessary)	
LE V: Effective date, if other than the date of	filing: (OPTIONAL) Ific and cannot be more than five business days prior to or 90 o
LE V: Effective date, if other than the date of fective date is listed, the date must be speci of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than the date of fective date is listed, the date must be specified of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of alment (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes are the same of the sa	ber or/an authorized representative of a member. 0203 (Y) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the date of fective date is listed, the date must be specifing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of alment (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes are the same of the	ber or an authorized representative of a member. 0203 (V) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State

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)

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