L14000162965

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(========
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SECRE FARY OF STATE

OCT 20 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Making Works Easy LLC Name of Limited Liability Gompany
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Green Name of Person
Making Moves Easy LLC Firm/Company
22599 Heridiana IX
Boca Raton FL 33433 City/State and Zip Code
E-trail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Gleen at 501 302 - 3717 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier 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:	
Making Moves Ear (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
22599 Meridiana DY Boca Rator FC 33433	same
The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Name)
Florida street address (P.O. Box I	YOYAL BVd NOT acceptable)
Baa Raton	FL 33486 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
General Uanager	Jenn fr Coleen 22593 Mendian IV Boca Radin FL 33433
(Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date extive date is listed, the date must be sporf filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE: Signature of ame (In accordance with section 60 constitutes an affirmation under 1 am aware that any false inform	of filing:

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<u>Filing Fees:</u>
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)