L14000185078

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2014 DEC -2 PM 3: 53 SECNETARY OF STATE

COVER LETTER

TO: Registration Division of C				•
	oving Systems, LLC			
SUBJECT:		of Resulting Florida	Limite	ed Company)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Jeffrey E. Hall				
	(Contact Person)		•	
	(Firm/Company)		-	
3855 Prescott Loo	р			
	(Address)		•	
Lakeland, FL 3381	0			
(1	City, State and Zip Code)		•	
jnamoving@aol.co	m			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
Jeffrey E. Hall		_at (863	,608	-8304
(Name of Conta	ect Person)	(Area Code)	(Day	ytime Telephone Number)
Enclosed is a check i	or the following amou	ınt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing Fees and Certified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		

INHS11 (02/14)

Tallahassee, FL 32301

ÎNA MOVING SYSTEMS INC.

4200 SUMMER LANDING DR

APT 104

LAKELAND, FL

POLK

33810

863-608-8304

November 24, 2014

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

PO BOX 6327 TALLAHASSEE.FL

32314

TO WHOM IT MY CONCERN.

I AM NOT GOING TO REINSTATE JNA MOVING SYSTEMS INC THE REINSTATEMENT IS TOO MUCH THE PEOPLE THAT DID THIS DID IT WRONG FOR ME BUT I DO WANT TO DO ARTICLES IN THE NAME OF

JNA MOVING SYSTEMS LLC.

3855 PRESCOTT LOOP

LAKELAND, FL

33810

PHONE NUMBER (863) 608-8304 CELL PHONE

EMAIL:

jnamoving@aoi.com

J. My Call

ANY QUESTIONS FEEL FREE TO CALL WHEN YOU DO THE ARTICLES CAN YOU MAIL THEM TO ME AND SEND ME A COPY TO MY EMAIL THANK YOU

Sincerely,

JEFFREY E. HALL

DATE 11-24-14





November 5, 2014

JEFFREY E. HALL 3855 PRESCOTT LOOP LAKELAND, FL 33810

SUBJECT: JNA MOVING SYSTEMS, LLC

Ref. Number: W14000067112

We have received your document for JNA MOVING SYSTEMS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

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: 114A00023651

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:	
JNA Moving Systems, LLC (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
3855 Prescott Loop Lakeland, FL 33810	3855 Prescott Loop Lakeland, FL 33810	-
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signatered Agent. You must designate an individual or a	ature: unother
The name and the Florida street address of the r	registered agent are:	2014
Jeffrey E. Hall		震馬 五
Name	e	SSA VE
3855 Prescott Loop		
Florida street address (P.O	- File ≥ O	
<u>Lakeland</u> City	FL 33810 Zip	€ 53

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Filing Fees:

of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)
Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation