Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. READY 2 MOVE SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	I - Name:	
The name	of the Limited Liability Company is: (Must end with the words "Limited Liability Company	,
L.L.C., OF LD	· ^	^
	KEADY 2 MOVE SERVICES LL	
ARTICLE	II - Address:	
The mailir	g address and street address of the principal office of the Limited Liability	y
Company	5: 17926 S.W. 36 DR.	
•	MIRAMAR FL 33029	
•	THE TOTAL TO	
ARTICLE	III - Registered Agent, Registered Office:	
The name	and the Florida street address of the registered agent are: (The Limited Liabili not serve as its own Registered Agent. You must designate an individual or another business ent	ty sin
with an activ	Florida registration.)	шy
	RAFAEL FARAH JR	
	17926 S.W. 35 DR	
	MIRAMAR FL 33029	
The name	and title of each person authorized to manage and control the Limited	
Liability C		
	CAFAEL FARAH JR.	- Indian
	(AUTHORIZED MEMBER) 750 5	£
	AUTHORICED TOURISM S	,4
•		

Required Signatures:

'Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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.

Typed or printed name of signee

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)

SECRETARY OF STATE