

L15000131379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF REVENUE

*W15000131379
XEROX
on 8/4*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Helping Hand Movers Naples, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick O'Halloran
Name of Person
Helping Hand Movers Naples
Firm/Company
703 Mardel Drive
Address
Naples Florida 34104
City/State and Zip Code
HHMNaples@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick O'Halloran at (239) 250-1544
Name of Person Area Code Daytime Telephone 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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2015

PATRICK O'HALLORAN
703 MARDEL DRIVE
NAPLES, FL 34104

SUBJECT: HELPING HAND MOVERS, LLC
Ref. Number: W15000049369

We have received your document for HELPING HAND MOVERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, " P02000067689 - HELPING HANDS MOVERS, INC."

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) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 415A00015440

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Helping Hand Movers Naples, LLC

(Must end with the words "Limited 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:

703 Mardel Drive, Naples, Florida 34104

Unit 504

Mailing Address:

703 Mardel Drive, Unit 504, Naples Fl

34104

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

John S. Sarrett

Name

999

999 Vanderbilt Beach Road, Unit 200

Florida street address (P.O. Box **NOT** acceptable)

Naples

Florida

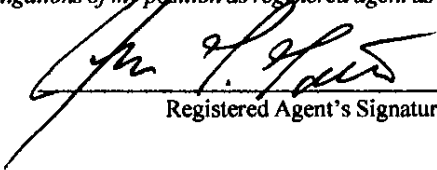
34109

City

State

Zip

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)

2015 AUG -4 PM 4:25

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Patrick O'Halloran

703 Mardel Drive, Unit 504

Naples, FL 34104

AMBR

Diana O'Halloran

703 Mardel Drive, Unit 504

Naples, FL 34104

AMBR

Anthony V. Quercia

289 Elm Street, Unit 504

Medford, MA 02155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/10/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Patrick O'Halloran

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Patrick O'Halloran

Typed or printed name of signee

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)