

L15000145555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

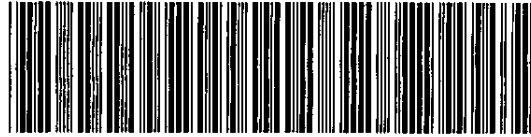
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15 AUG 28 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/31/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrew GAVLick Movers L.L.C
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:

Andrew GAVLick
Name of Person

Andrew GAVLick Movers
Firm/Company

1396 Sturbridge Ct.
Address

Dunedin, FL 34698
City/State and Zip Code

Andrew GAVLick @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew GAVLick at (727) 692-2605
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)

already
have
cashed
check

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2015

ANDREW C. GAVLICK
1396 STARBRIDGE CT
DUNEDIN, FL 34698

SUBJECT: GAVLICK MOVERS LLC
Ref. Number: W15000055122

RECEIVED
AUG 28 2015

We have received your document for GAVLICK MOVERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name designated in your document is unavailable since it is the same as or is not distinguishable from the name of an administratively dissolved or revoked business entity which has a reinstatement application pending on our records. Please select a new name or add one or more major words to the current name to make it distinguishable.

The document number of the conflict is P96000071041.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 115A00017321

850-245-6052
6973

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15 AUG 28 AM 11:45
DIVISION OF STATE
CORPORATIONS, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

15 AUG 28 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Andrew GAVLICK Movers, L.L.C.
(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:

1396 Sturbridge Ct
Dunedin, FL 34698

Mailing Address:

1396 Sturbridge Ct
Dunedin, FL 34698

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:

Andrew GAVLICK
Name
1396 Sturbridge Ct
Florida street address (P.O. Box **NOT** acceptable)
Dunedin, FL 34698
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)

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

AMBR

Name and Address:

Andrew GAVLICK
1396 Sturbridge Ct
Dunedin, FL 34698

Denise GAVLICK
1396 Sturbridge Ct
Dunedin, FL 34698

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-10-15 (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:

ACM

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.

Andrew GAVLICK

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA