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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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FILED
SECRETARY OF STATE
OIVISION OF CORPORATIONS
15 DOI: -9 PHI2: 25

10/15/15

COVER LETTER

Division of Corporations
Give & Go Moving and Delivery SUBJECT:
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:
Marcus Durham
Name of Person
Moving Company
Firm/Company
5113 Park Central Drive Apt 724
Address
Orlando FL, 32839
City/State and Zip Code
marcusdurham8@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcus Durham 954 683-4522
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$

Mailing Address

TO:

Registration Section

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>G</u>	ive & Go Moving and Delivery, LLC	
	(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II	I - Address: address and street address of the principal office of th	e Limited Liability Company is:
	Principal Office Address:	Mailing Address:
<u>51</u>	13 Park Central Dr Apt 724 Orlando FL 32839	5113 Park Central Dr Apt 724 Orlando FL 32839
The Limited	II - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registere ness entity with an active Florida registration.)	
(The Limited another busin	Liability Company cannot serve as its own Registere	ed Agent. You must designate an individual or
(The Limited another busin	Liability Company cannot serve as its own Registere ness entity with an active Florida registration.)	ed Agent. You must designate an individual or

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..

FL

State

Orlando

City

egistered Agent's Signature (REQUIRED)

32839

Zip

(CONTINUED)

Page 1 of 2

15 OCT -9 PM12: 25

SECKLUARY OF STATE VALSION OF CARPOXATIONS

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager Marcus Durham, MGR	5113 Park Central DR Apt 724 Orlando FL 32839
	, , , , , , , , , , , , , , , , , , ,
EV: Effective date, if other than the date of ctive date is listed, the date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 or
ctive date is listed, the date must be specif filing.) the date inserted in this block does not mee nent's effective date on the Department of S	fic and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than the date of ctive date is listed, the date must be specififiling.) The date inserted in this block does not mee ment's effective date on the Department of St. EVI: Other provisions, if any. Signature of a member of the document is executed I am aware that any false interests.	the applicable statutory filing requirements, this date will not be State's records. Determine a national statutory filing requirements, this date will not be state's records. Determine a national statute of a member. The accordance with section 605.0203 (1) (b), Florida Statutes.
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ARTICLE IV-

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