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(Re	questor's Name)	
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16 M/R 31 PH 3: 38

FILED SECRETARY OF STATE ALLAPASSEE, FLORIDA

MIM

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	PRICE RITE MOVING & STORAGE LL	.c		
SUBJECT.	Name of Limited	Liability Company		
The enclose	d Articles of Organization and fce(s) are sub	omitted for filing.		
Please retur	n all correspondence concerning this matter t	to the following:		
	Ronald Stangarone			
	Ni	ame of Person		
	PRICE RITE MOVING & STORAGE LLC			
	F	irm/Company		
	10933 54th Ave N.			
		Address		
	St Petersburg FL 33708		16	M
	City/S .stangarone@yahoo.com	tate and Zip Code	KA A	
_	E-mail address: (to be used for f	uture annual report notification)	=	SS
For further in	formation concerning this matter, please call	:	P	ار تارز
_	Ron Stangarone 727	423-8707	3: 38	ORI
	Name of Person Area C	Code Daytime Telephone Number	w	β
Enclosed is	a check for the following amount:			
\$125.00 Fil	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Iditional copy is enclosed) 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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PRICE RITE MOVING & STORAGE LLC. (Must end with the words "Limited Lial")	bility Company, "L.L.C.," or "LLC.")
•	,,,,,
E II - Address:	
ing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address
10933 54th Ave N.	10933 54th Ave N.
St Petersburg FL 33708	St Petersburg FL 33708

Name
10933 54th Ave N.

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

St PetersburgFL33708CityStateZip

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

16 MAR 31 PH 3: 3

Title:			Name and Address:		
	" = Authorized	Member			
"MGR" MGR	= Manager		Donald Stangarous		
MGK			Ronald Stangarone 10933 54th Ave N.		
			St Petersburg, FL 33708		
MGR			Brian McGee		
			5401 43rd Terr		
			St Petersburg, FL 33709		
			·		
			- 		
(Lise atta	chment if neces	earvi			
(Use atta	chment if neces	ssary)			
		-	filing: April 15, 2016 (OPTIONAL)		
CLEV: Eff	ective date, if of	her than the date of	filing: April 15, 2016 (OPTIONAL) Tic and cannot be more than five business days prior to or 90 days		
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Ronald Stangarone

ARTICLE IV-

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