

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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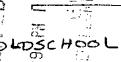
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FLORIDA LIMITED LIABILITY CO.

GEDSHOOL VAN LINES, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Help

Tuesday, June 28, 2016

Mailing Address:

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.8 3 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 16 JUN 29 AM 11: 03

ARTICLE I - Name:

The name of the Limited Liability Company is:

OLDSCHOOL VAN LINES, 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:

412 SKYWOOD DRIVE	412 SKYWOOD DRIVE	
UNIT 1	UNIT 1	
VALRICO FL 33594	VALRICO FL 33594	

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:

Principal Office Address:

THE LAW OFFIC	ES OF NICK SPRADLI	N, PLLC
	Name	
2202 N. WEST SH	ORE BLVD. STE 200	
Florida street addr	ess (P.O. Box NOT acce	ptable)
ТАМРА	FLORIDA	33607
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..

(CONTINUED)

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Registered Agent's Signature (REQUIRED)

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16 JUN 29 AM 11: 03 ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Confi Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** FRED METZLER 412 SKYWOOD DRIVE UNIT 1 VALRICO FL 33594 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:

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.

NICKOLAS J. SPRADLIN AUTHORIZED REP OF A MEMBER
Typed or printed name of signee

of or printed name of signed

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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