## 11600141655

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only

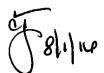
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## **COVER LETTER**

TO: Registration Section Division of Corporations	_	
SUBJECT: Moove It no (Nan	Moving & Storage ne of Resulting Florida Limited Company)	
	ticles of Organization, and fees are submitted Liability Company" in accordance with s.	
Please return all correspondence concern	ing this matter to:	
Brandon Snith (Contact Person)		
Motore It Morna &	Storage	
1911 Harmony Parl	L Drive Suit+1	
Bonita Sorings, Fl. (City, State and Zip Code	34135	
Sales @ moore it hours		
For further information concerning this n	natter, please call:	
Lynn Shutts (Name of Contact Person)	at ( 239 ) 601 · 3879 (Area Code) (Daytime Telephone Num	ber)
Enclosed is a check for the following am	ount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$155.00 Filing Fees and Certificate of Status	s \$\Boxed{180.00}\$ Filing Fees and Certified Copy Certificate of Status	•
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	FILED JUL 26 FN 3
Tallahassaa El 32301		in the second



Florida Department of State New Filing Section Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

07/19/2016

Dear Claretha Golden,

I have enclosed the proper documentation to start an LLC. I have also enclosed the letter that you sent to me with the reference number. Please forward the check in the amount of \$150.00 towards the fee for the filing of the LLC.

Please contact me either via email or mail if there is any further questions or concerns.

Sincerely,

**Brandon Smith** 

16 JUL 26 PH 3: 36

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10911 Harmony Park Drive Suite #1 Bonita Springs, FL 34135

PHONE 239-898-4016 FAX 239-221-7659

EMAIL Sales@moooveitmoving.com
WEBSITE www.moooveitmoving.com



FILED

16 JUL 26 PH 3-52

HOWETARY OF CLAYE
HALFARM HE, TEOLOA

June 28, 2016

BRANDON SMITH 10911 HARMONY PARK DRIVE SUITE #1 BONITA SPRINGS, FL 34135

SUBJECT: MOOOVE IT MOVING & STORAGE, LLC

Ref. Number: W16000045739

We have received your document for MOOOVE IT MOVING & STORAGE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner s legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 216A00013625

www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Lability Company, "L.L.C.," or "LLC.")

FILED

16 JUL 26 PH 3 52

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

•	• •
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
10911 Harmony Park Drive	10911 Hormony Park Drive
DOUGH THING IT SAISS	Data 3/11/2 /11/34/33
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:  Name  10911 Har Would  Florida street address (P.O. Bok  City State  Having been named as registered agent and to accept service of process  place designated in this certificate, I hereby accept the appointment as a  further agree to comply with the provisions of all statutes relating to the	Zip  s for the above stated limited liability company at the registered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
am familiar with and accept the obligations of my position as registered.  Registered Agent's	Signature (REQUIRED)
(CONTIN	(UED)
Dom t	arn

<u>Title:</u> "AMBR" = Author	rized Member	Name and Address:	
"MGR" = Manager	• • • • • • • • • • • • • • • • • • • •		
-		<u> </u>	
(Use attachment if	necessary)		
•	•	ing: (OPT)	
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ARTICLE IV-