## L/600020/088

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

Office Use Only



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## **COVER LETTER**

	egistration Section vision of Corporations		
SUBJECT	Finishing-Move Analytics		
SUBJECT	Name o	f Limited Liabil	ity Company
The enclose	ed Articles of Organization and fee(	s) are submitted	for filing.
Please retur	m all correspondence concerning the	is matter to the f	ollowing:
	Jeffrey Solomon Block		
		Name of	Person
	Finishing-Move Analytics		
		Firm/Co	mpany
	7315 S. Fitzgerald St.		
		Addr	ess
	Tampa, FL 33616		
e	electrictrojan@gmail.com	City/State an	d Zip Code
_		used for future a	nnual report notification)
For further ir	nformation concerning this matter, p	lease call:	
	Jeffrey Solomon Block	813	217-1069
•	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
]\$125.00 Fi	ling Fee S130.00 Filing Fee Certificate of Status	s LLCertifi	of Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Finishing-Move	Analytics LLC			
	end with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
7315 S. Fitzgera	ıld St.		S. Fitzgerald	
Tampa, FL			a, FL	
33616		3361	<u> </u>	
(The Limited Liability Com another business entity with	d Agent, Registered Office, apany cannot serve as its own in an active Florida registration treet address of the registered	Registered Agent, Y		lual or
(The Limited Liability Com another business entity with	pany cannot serve as its own h an active Florida registratio	Registered Agent, Y		iual or
(The Limited Liability Com another business entity with	pany cannot serve as its own h an active Florida registratio treet address of the registered	Registered Agent. Yn.) agent are: Name		dual or
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered Jamie Block	Registered Agent, Yn.) agent are: Name	ou must designate an individ	lual or
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered   Jamie Block  7315 S. Fitzgerald St	Registered Agent, Yn.) agent are: Name	ou must designate an individ	dual or
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered   Jamie Block  7315 S. Fitzgerald St  Florida street address	Registered Agent. Yn.) agent are: Name s (P.O. Box NOT ac	ou must designate an individ	dual or

(CONTINUED)

Page 1 of 2

(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member	Name and Address:	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	"MGR" = Manager	1.00 0.1	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	MGR		
TICLE V: Effective date, if other than the date of filing:		7313 S. Pitzgeraid St.	<del></del>
TICLE V: Effective date, if other than the date of filing:			
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.  Teffects:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)			
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Taffich Solomon Block  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)	REOUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member.	
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)	REOUIRED SIGNATURE:  Signature of a member This document is executed in	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida	
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\$ 5.00 Certificate of Status (Optional)	REQUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor Type  S125.00 Filing Fee for Articles of Organiz	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida fination submitted in a document to the Department as provided for in s.817.155, F.S.  Figure Solomon Block bed or printed name of signee  Filing Fees:	t of State