L17000056220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/13/17--01029--021 **125.00

M. MOON
MAR 13 2017

March 7, 2017

To whom it may concern:

I am certifying that I, Diana Gerdts, am the sole proprietor of the Company "Personalized Relocations". I currently have the name as an inactive Corporation, and I would like to release the name to myself to be changed as an LLC. I have no intention to reactivate the company as a Corporation, but would like to keep the name and activate the company as an LLC.

I spoke to someone in your office, and she explained that I needed to write a letter, detailing this, as well as submitting the application and check for $125, which I am attaching along with this letter.

Thank you so much for your help, and I would really appreciate if someone could e-mail me, or somehow let me know if this was successfully done, or if I need to submit anything else.

Below is all my contact information:

Diana Gerdts

7803 Villa Nova Dr.

Boca Raton, FL. 33433

561-613-7771

dianagerdts@hotmail.com

Diana Gerdts

17 MAR 13 PM 1:11

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Personalized Relocations LLC.
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:

Diana Gerdts
Name of Person

Personalized Relocations LLC.
Firm/Company

7803 Villa Nova Dr.
Address

Boca Raton, FL. 33433
City/State and Zip Code

dianagerdts@hotmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Diana Gerdts at (561) 613-7771
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name:
The name of the Limited Liability Company is:

Personalized Relocations LLC.
(Must contain 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:

Principal Office Address:	**Mailing Address:**
7803 Villa Nova Dr. Boca Raton, FL. 33433	7803 Villa Nova Dr. Boca Raton, FL. 33433

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:

Diana Gerdts
Name

7803 Villa Nova Dr.
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL. 33433
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..

Diana Gerdts
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	Diana Gerdts 7803 Villa Nova Dr. Boca Raton, Fl. 33433

(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:

Diana Gerdts

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.

Diana Gerdts
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)
$ 5.00 Certificate of Status (Optional)