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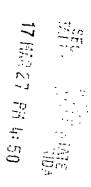
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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M. MOON MAR 27 2017

## **COVER LETTER**

| TO:       | Registration Section Division of Corporations                            |   |   | 7 W.227      |
|-----------|--|---|---|--------------|
| SUBJE     | Ninja Moves Management, LLC  |   |   | (i)          |
| SUBJE     | Name of Limited Liabil   | ity Company   |   |              |
| The end   | closed Articles of Organization and fee(s) are submitted                 | for filing.   |   | R + 50       |
| Please    | eturn all correspondence concerning this matter to the                   | ollowing:   |   |              |
|           | Markee Drummer   |   |   |              |
|           | Name of  | Person  |   | <del>_</del> |
|           | Ninja Moves Management, LLC  |   |   |              |
|           | Firm/Co  | mpany   | <del></del>   | <u> </u>     |
|           | 1645 Palm Beach Lakes Blvd Suite 1200                                    |   |   |              |
|           | Addr   | ess   |   | <del></del>  |
|           | West Palm Beach, FL 33409  |   |   |              |
|           | City/State an  | d Zip Code  |   | _            |
|           | keedrummerninjamoves@gmail.com  E-mail address: (to be used for future a | nnual report notification)  |   | <del>-</del> |
| For furth | er information concerning this matter, please call:                      |   |   |              |
|           | Markee Drummer 561   | 567-5150  |   |              |
|           |  | Daytime Telephone Nu  | umber   |              |
| Enclose   | d is a check for the following amount:                                   |   |   |              |
| \$125.00  |  | ed Copy<br>al copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status<br>Certified Copy<br>additional copy is enc | & X 40 (9)   |
|           |  | Street Address New Filing Section Division of Corporations Clifton Building |   |              |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |                                    |                  |  |
|---|------------------------------------|------------------|--|
| The name of the Limited Liability   | Company is:                        |                  |  |
| Ninja Moves Managen<br>(Must end wi   | nent, LLC<br>th the words "Limited | Liability Com    | pany, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address:<br>The mailing address and street add   | ress of the principal o            | ffice of the Lir | nited Liability Company is:  |
| <u>Principal</u>  | Office Address:                    |                  | Mailing Address:   |
| 1645 Palm Beach Lake<br>West Palm Beach, FL   |                                    |                  | 1645 Palm Beach Lakes Blvd Suite 1200<br>West Palm Beach. FL 33409 |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company ca<br>another business entity with an act | annot serve as its own             | Registered Ag    | Agent's Signature:<br>ent. You must designate an individual or     |
| The name and the Florida street ad  | dress of the registered            | l agent are:     |  |
|   | REGISTER                           | ED AGENTS        | INC.   |
|   |                                    | Name             |  |
|   | 3030 N. Ro                         | •                | r., STE 150A<br>OT acceptable)                                     |
|   | Tampa                              | , FL 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..

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title:   | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member   | <u> </u>  |
| "MGR" = Manager  |   |
| PMGR   | Markee Drummer  |
|  | 1645 Palm Beach Lakes Blvd Suite 1200   |
|  | West Palm Beach. FL 33409   |
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| f filing.)   | filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90  |
| f filing.)   | et the applicable statutory filing requirements, this date will not   |
| f filing.) the date inserted in this block does not med nent's effective date on the Department of   | et the applicable statutory filing requirements, this date will not   |
| f filing.) the date inserted in this block does not med nent's effective date on the Department of   | et the applicable statutory filing requirements, this date will not   |
| filing.) the date inserted in this block does not menent's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mem   | et the applicable statutory filing requirements, this date will not State's records.  ber or an authorized representative of a member.  |
| filing.) the date inserted in this block does not mented in the Department of the Department of E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a mem This document is executed.   | ber or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.  |
| filing.) the date inserted in this block does not mented in the Department of the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memory of the Department of | et the applicable statutory filing requirements, this date will not State's records.  ber or an authorized representative of a member.  |
| filing.) the date inserted in this block does not mented in the Department of the Department of the VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memory of the Department  | ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S. |
| filing.) the date inserted in this block does not mented in the Department of the Department of the VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memory of the Department  | ber or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State  |
| filing.) the date inserted in this block does not mented in the Department of the Department of the VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memory of the Department  | ber or an authorized representative of a mathematical in accordance with section 605.0203 (1) (b) aformation submitted in a document to the Delony as provided for in s.817.155, F.S.  Typed or printed name of signee  |
| g.) te inserted in this block does not mer effective date on the Department of Other provisions, if any.  LIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false in constitutes a third degree for Markee Drummer  | ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.               |

Page 2 of 2