L1700085594

| (Re | questor's Name) | |
|-------------------------|---------------------|-------------|
| (110 | Addesion s Harney | |
| (Ad | ldress) | |
| (/ 10 | (4/055) | |
| (Ad | ldress) | |
| (//0 | iaicss) | |
| | ty/State/Zip/Phon | <u> </u> |
| (OII | ty/Otate/Zip/i fion | <i>- #</i> |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Naı | me) |
| | | |
| (Do | ocument Number) | <u> </u> |
| | | |
| Certified Copies | _ Certificate: | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700297359287

03/31/17--01027--016 **125.00

D O'KEFF' APR 18 2017

17 APR 10 FN W 41

W7-31032

O O'KEEFE

COVER LETTER

| TO: New Filing Section Division of Corporations |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: B. Patrick Movers 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: |
| Brian Cobb Name of Person |
| B. Patrick Movers LLC. |
| 8480 Bandera Circle East |
| Jacksonville FL 32244 bpatrickmovers 1 @ Vahoo. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Bigs Cobb at (904) 472-1314 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| Matthew Address |

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

| The name of the Limited I. | Liability Company is: | | | |
|----------------------------|-----------------------|--------|------|--|
| \mathcal{R}_{-} | Patrick | Movers | L1C. | |

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|---------------------|
| 8480 Bandera Circle East | (same as principal) |
| Jacksonvilk, FL 32244 | |

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:

Brian Cobb

Name

8480 Bandera Circle East

Florida street address (P.O. Box NOT acceptable)

T. J. J. J. J. Co. 3221111

Jacksonville FC 32244

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| ARTICLE | HV- |
|---------|-----|
|---------|-----|

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

| Title: "AMBR" = Authorized Memb | Name and Address: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| "MGR" = Manager | | |
| | | |
| President | Brian Cobb 8480 Bandica Ciccle East | |
| | Jacksonville, FL 32244 | , , , , , , , , , , , , , , , , , , , , |
| | | · |
| | | |
| | | |
| (Use attachment if necessary) | | |
| | nan the date of filing: $3/28/17$. (OPTIONA must be specific and cannot be more than five business days prior | d) |
| ie v: Effective date, ii binei di | an the date of filing (Of FIOTAL | |
| ective date is listed, the date r | must be specific and cannot be more than five business days prior | to or 90 d |
| ctive date is listed, the date r | must be specific and cannot be more than five business days prior | to or 90 d |
| of filing.) | | |
| of filing.) | does not meet the applicable statutory filing requirements, this date | |
| of filing.) If the date inserted in this block ment's effective date on the D | does not meet the applicable statutory filing requirements, this date epartment of State's records. | |
| of filing.) f the date inserted in this block | does not meet the applicable statutory filing requirements, this date epartment of State's records. | |
| of filing.) If the date inserted in this block ment's effective date on the D | does not meet the applicable statutory filing requirements, this date epartment of State's records. | |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. | does not meet the applicable statutory filing requirements, this date repartment of State's records. | |
| of filing.) If the date inserted in this block ment's effective date on the D | does not meet the applicable statutory filing requirements, this date repartment of State's records. | |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. REOUIRED SIGNATURE: | does not meet the applicable statutory filing requirements, this date repartment of State's records. | |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document | does not meet the applicable statutory filing requirements, this date repartment of State's records. The properties of a member of an authorized representative of a member. The properties of a member of an authorized representative of a member. The properties of a member of an authorized representative of a member. The properties of a member of a member. | will not b |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This documer I am aware th | does not meet the applicable statutory filing requirements, this date repartment of State's records. The properties of a member of an authorized representative of a member. In the second of the sec | will not b |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware the constitutes a term of the constitutes at the const | does not meet the applicable statutory filing requirements, this date repartment of State's records. The separate of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. | will not b |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware the constitutes a term of the constitutes at the const | does not meet the applicable statutory filing requirements, this date repartment of State's records. The separate of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S. | will not b |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware the constitutes a term of the constitutes at the const | does not meet the applicable statutory filing requirements, this date repartment of State's records. The separate of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. | will not b |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware the constitutes a term of the constitutes at the const | does not meet the applicable statutory filing requirements, this date repartment of State's records. Typed or printed name of signee | will not b |
| of filing.) If the date inserted in this block ment's effective date on the D LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature I am aware the constitutes a term of the provisions of the provisio | does not meet the applicable statutory filing requirements, this date repartment of State's records. Typed or printed name of signee Filing Fees: | will not b |
| of filing.) If the date inserted in this block ment's effective date on the D JE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature I am aware the constitutes a telephone of the constitutes at the constitute at the constitutes at the constitutes at the constitute at the | does not meet the applicable statutory filing requirements, this date repartment of State's records. Ture of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Ticles of Organization and Designation of Registered Agent Optional) | Statutes. of State |
| of filing.) If the date inserted in this block ment's effective date on the D I.E. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature I am aware the constitutes a telephone in the signature of the si | does not meet the applicable statutory filing requirements, this date repartment of State's records. Ture of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Ticles of Organization and Designation of Registered Agent Optional) | Statutes. of State |
| of filing.) If the date inserted in this block ment's effective date on the D JE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature I am aware the constitutes a telephone of the constitutes at the constitute at the constitutes at the constitutes at the constitute at the | does not meet the applicable statutory filing requirements, this date repartment of State's records. Typed or printed name of signee Filing Fees: Sicies of Organization and Designation of Registered Agent Optional) Tus of State's records. Filing Fees: Sicies of Organization and Designation of Registered Agent Optional) Tus Optional) | Statutes. of State |