(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
ω . ω),
	Office Use Only

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03/08/19--01001--011 **160.00

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: QUICK 14FT MOVING and STOYAGE 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:
Inleason Harrigan Name of Person
777 RICH Dr. OPT. 106
Deer pield beach 126 33 441 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, F1, 323142661 Executive Center CircleTallahassee, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RΤ	Ţ	CI	LE	ĺ	-	`	a	me	:
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The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address</u> :
777 Rich Dr. apt. 106	777 Rich Dr. apt 106
Deerfield beach, PL 3544	Deerfield beauty pl 33+41

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:

InledSon Harridan
Name J

777 Rich Dr. apt. 106
Florida street address (P.O. Box NOT acceptable)

Decreted beach, 12t 33441
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)

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Title:	Name and Address:
"AMBR">= Authoriz	ed Member
"MGR" = Manager AMBL	Sherline Harrigan
	1532 50 5 PL apt D.
	port lauder eine pr, 3301 =
	(7-52+) +23 - 5639
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MINIS II	_ Medson Hangren
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LE V: Effective date. If the date inserted in tument's effective date LE VI: Other provision REOURED SIGN. This I am cons	fother than the date of filing:

ARTICLE IV-