

L19000221674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

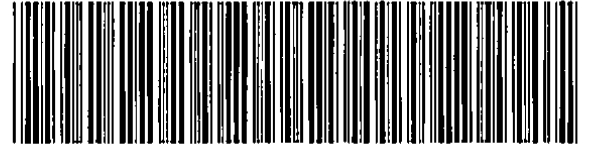
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/03/13 01:05:00 **150.00

FILED
19 JUL -3 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2019

YURY BOBROVNIKOV
19501 WEST COUNTRY CLUB DR APT 1802
AVENTURA, FL 33180

SUBJECT: CONFIDENT MOVERS LLC
Ref. Number: W19000065458

We have received your document for CONFIDENT MOVERS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify the spelling of the business and also that the business names match throughout the documents.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II

Letter Number: 419A00014512

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Confidant 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:

Yury Bobrovnikov
Name of Person
Firm/Company
19501 West Country Club Dr., Apt. 1802
Address
Aventura FL 33180
City/State and Zip Code
maxusmservice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yury at (305) 2507757
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:

Confidant Moversn 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:

19501 West County Club Dr., Apt. 1802
Aventura FL 33180

19501 West County Club Dr., Apt. 1802
Aventura FL 33180

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:

Yury Bobrovnikov

Name

19501 West County Club Dr., Apt. 1802

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

Aventura

FL

33180

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)

19 JUL - 3 PM 5: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
L.L.C.L.

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Yury Bobrovnikov

19501 West County Club Dr., Apt. 1802

Aventura FL, 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07.01.2019 (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:



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.

Yury Bobrovnikov

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)

COVER LETTER

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Division of Corporations

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Yury Bobrovnikov

Name

19501 West County Club Dr., Apt. 1802

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

Aventura

FL

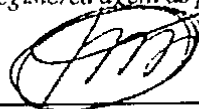
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Registered Agent's Signature (REQUIRED)

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