# L19000221674

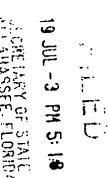
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
•		
Special Instructions to	Filing Officer:	·
Special instructions to	Filing Officer.	
		j
	•	

Office Use Only



800331380198

67/65/13--01005- 607 \*\*150.60





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**

	New Filing Section Division of Corporations	
eupicet	Confident Movers LLC	
SUBJECT:	Name of Limited Liability Company	<del></del>
The enclose	sed Articles of Organization and fee(s) are submitted for filing.	
Please retur	um 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	
n 	E-mail address: (to be used for future annual report notification)	<del></del>
For further in	information concerning this matter, please call:	
•	Yury 305 2507757	
-	Name of Person Area Code Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
\$125.00 Fil	Certificate of Status — Certified Copy — Certificate Certificate Certificate Certificate Certificate Copy —	0 Filing Fee, cate of Status & ed Copy al copy is enclosed)
	Matting 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Confidant Moversn LLC (Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of	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, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	t are:
Yury Bobrovnikov	
Nan	ne
19501 West County Club I	Or., Apt. 1802
Florida street address (P.C	). Box NOT acceptable)

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..

 $\mathbf{H}_{\mathbf{L}}$ 

State

Aventura

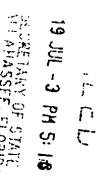
City

Registered Agent's Signature (REQUIRED)

33180

Zip

(CONTINUED)



#### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	V 5.1 2
MGR	Yury Bobrovnikov
	19501 West County Club Dr., Apt. 1802 Aventura FL 33180
	Aventura PL 33180
	<del></del>
(Use attachment if necessary)	
(If an effective date is listed, the date must be	tte of filing: 07.01.2019 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	t meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	nt of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Ami
Slavatura of a	member or an authorized representative of a member.
	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	lse information submitted in a document to the Department of State
	as internation submitted in a distantish to the Expartment 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**

	w Filing Section rision of Corporations
CHD ICCT.	Confidant Movers LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d 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
<u>-</u>	axusmservice@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
Y	ury 305 2507757
_	Name of Person Area Code Daytime Telephone Number
Enclosed is a	t check for the following amount:
<b>\$</b> 125.00 Fili	

### 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 Liabil:	ity Company is:	•	
	, ,		
Confidant Moversn	LLC		
(Must con	tain the words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the L	imited Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
	Club Dr., Apt. 1802	<del></del>	19501 West County Club Dr., Apt. 1802
Aventura FL 33180	<u> </u>		Aventura FL 33180
The name and the Florida street	Yury Bobrovnikov	l agent are:	
	19501 West County	Club Dr., Apt	t. 1802
	Florida street addres		
	Aventura	FL	33180
	City	State	Zip
place designated in this certificate arther agree to comply with the p	e, I hereby accept the app provisions of all statutes r bligations of my position	elating to the as registered ered Agent's	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and i agent as provided for in Chapter 605, F.S  Signature (REQUIRED)
		(CONTIN	UED)

Title:		Name and Address:
	uthorized Member	
"MGR" = Mar	nager	Yury Bobrovnikov
MGR	<del> </del>	19501 West County Club Dr., Apt. 1802
		Aventura FL 33180
		TO MAIN PERSON
	<del> </del>	
TICLE V: Effective	date, if other than the date of isted, the date must be spec	filing: 07.01.2019 (OPTIONAL)  ific and cannot be more than five business days prior to or 90 days after
edate of filing.) ote: If the date insert	ed in this block does not me re date on the Department of	et the applicable statutory filing requirements, this date will not be listed State's records.
e date of filing.) ote: If the date insert to document's effective RTICLE VI: Other pro	e date on the Department of ovisions, if any.	
e date of filing.) ote: If the date insert to document's effective RTICLE VI: Other pro	e date on the Department of ovisions, if any.	et the applicable statutory filing requirements, this date will not be listed State's records.
e date of filing.) ote: If the date insert e document's effective RTICLE VI: Other pro-	e date on the Department of ovisions, if any.	State's records.
e date of filing.)  ote: If the date insert  c document's effective  CTICLE VI: Other pro-	ovisions, if any.  SIGNATURE:	State's records.
e date of filing.)  ote: If the date insert  c document's effective  CTICLE VI: Other pro-	SIGNATURE:  Signature of a mem This document is executed	Aber or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes.
date of filing.) te: If the date insert document's effectiv TICLE VI: Other pr	Signature of a mem This document is executed I am aware that any false in	sber or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
date of filing.) te: If the date insert document's effectiv TICLE VI: Other pr	Signature of a mem This document is executed I am aware that any false in	Aber or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes.
date of filing.) te: If the date insert document's effectiv TICLE VI: Other pr	SIGNATURE:  Signature of a mem This document is executed I am aware that any false is constitutes a third degree f	sber or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)