

120000228123

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000266930 3)))



H200002669303ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516)935-3940
 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: intellectinaction@gmail.com

RECEIVED

2020 AUG -6 PM 4:53

CORPORATIONS
COMMERCIAL
INTELLIGENCE SERVICES

FLORIDA LIMITED LIABILITY CO.
MIDGARD MOVEMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. FASON

AUG 06 2020

2020 AUG -6 AM 10:53

RECEIVED

H20000266930 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIDGARD MOVEMENTS LLC

(Must end with 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:6503 TURNERS GAP RD.
BRADENTON, FL 342036503 TURNERS GAP RD.
BRADENTON, FL 34203

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:

KATIE WHITLER

Name

6503 TURNERS GAP RD.Florida street address (P.O. Box **NOT** acceptable)BRADENTON FL 34203

City

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)

KATIE WHITLER

(CONTINUED)

Page 1 of 2

2020 AUG -6 AM 10:53

H20000266930 3

H20000266930 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**MICHAEL AUSTIN1577 CRABAPPLE COVE CT. NJACKSONVILLE, FL 32225KATIE WHITLER6503 TURNERS GAP RD.BRADENTON, FL 34203AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

KATIE WHITLER

Typed or printed name of signee

2020 AUG -6 AM 10:53
 RECEIVED
 STATE

H20000266930 3