

L21000485073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

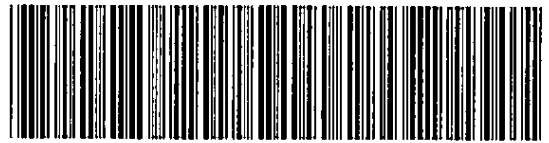
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BURCH
NOV 15 2021

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 5300 Moving & Storage 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:

Ronald Robinson

Name of Person

5300 Moving & Storage LLC

Firm/Company

37 North Orange Avenue

Address

Orlando, FL 32801

City/State and Zip Code

rrobinson@bigkatmoving.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Robinson

at

(706)

254-7821

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5300 Moving & Storage 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:

37 North Orange Avenue
Orlando, FL 32801

Mailing Address:

37 North Orange Avenue 1240 Tribble Wood Lane
Orlando, FL 32801 Lawrenceville, GA 30045

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:

Ronald Robinson

Name

37 North Orange Avenue

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

Orlando

FL

32801

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/4/21

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

