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(Document Number)
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T. SCOTT MAY 1 8 2022



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## COVER LETTER

	Filing Section ion of Corporations
SUBJECT: _	Efficient Moving  Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Adam Carciner Name of Person
	Efficient Moving Firm/Company
_	2566 West tennessee St # 9322 Address
_	Tallahassee, FL 32304  City/State and Zip Code  Adamgar 048@gmail. Com  E-mail address: (to be used for future annual report notification)
	Adamgar 048@gmail. Com
	E-mail address: (to be used for future annual report notification)
For further infor	rmation concerning this matter, please call:
4	Adam Cardner at (850) 366 9966  Name of Person Area Code Daytime Telephone Number
Enclosed is a c	check for the following amount:
□\$125.00 Fil	ling Fee

## 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

Efficient Moving LLC

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street	address of the principal of	fice of the Limit	ed Liability Compan	y is:
Princi	pal Office Address:		Mailin	g Address:
9337	Tennessee ST#	<u> </u>	1566 W. Ten	nesseest#
Talluhu	ssec , Fl 32304		Tauchussee	FI 32304
ARTICLE III - Registered Ap (The Limited Liability Compan another business entity with an	iy cannot serve as its own l	Registered Ager	gent's Signature: nt. You must designa	te an individual or
The name and the Florida stree	t address of the registered	agent are:		
	Adam C	Tarcher		
	_	Name		
	2566 W. Florida street address		ee SF #932 Tacceptable)	<u>3</u>
	Tallahassee	FI_	32304	
	City	State	Zip	
Having been named as registered place designated in this certifical in this certifical in the agree to comply with the pain familiar with and accept the c	e. I hereby accept the appo provisions of all statutes re obligations of my position of Adm	intment as regis lating to the pro is registered ago andres	stered agent and agre oper and complete per ent as provided for in	e to act in this capacity. I formance of my duties, and I Chapter 605, F.S
	Registe	ered Agent's Sig	gnature (REQUIRED	)

(CONTINUED)

		Name and Address:
"AMBR" = Author		
"MGR" = Manage		Al a same
MĿR		Adam Gardier - 2566 W. Termissel ST # 9232 Tallanssel, Fl 32304
·		# 9272 Talkhasser, Fl 32304
(Use attachment if LEV: Effective dat	e if other than the date o	of filing:
LE V: Effective dat fective date is listed of filing.) If the date inserted i	e, if other than the date of, the date must be special this block does not me	cific and cannot be more than five business days prior to or 90 day eet the applicable statutory filing requirements, this date will not be
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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-