

**L2000 252931**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : D. FINEST LIMO, INC.  
Account Number : 107757002402  
Phone : (305)725-4755  
Fax Number : (305)328-9103

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

Email Address: INFO@CSH220000714503ABCV.COM

**FLORIDA LIMITED LIABILITY CO.  
STRATEGIC MOVES LLC**

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**STRATEGIC MEMORIES #1 LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**14500 NE 6th Avenue, Unit B  
North Miami, Florida 33161**

**ARTICLE III - Purpose:**

The purpose for which this Limited Liability Company is organized is:

**ANY AND ALL LAWFUL BUSINESS**


**ARTICLE IV -**

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**RASHAWN DONALD  
14500 NE 6th Avenue, Unit B  
North Miami, Florida 33161**

*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

**ARTICLE V-**

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

**RASHAWN DONALD  
14500 NE 6th Avenue, Unit B  
North Miami, Florida 33161**

**ARTICLE V:** Effective date, if other than the date of filing. February 23, 2022

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Typed or printed name of signee

DEPARTMENT OF STATE  
ATLANTA, GEORGIA  
JUN 8 2022

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