

L220000325 263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

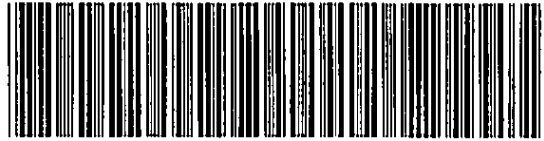
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/30/22--91022--009 **125.00

2023 JUL 22 PM 5:41

W 22000091082

25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JUL 22 PM 4:39

REGISTRATION
COMMERCIAL
SERVICES

July 11, 2022

PAULA J MARCUM
17150 NE STATE ROAD 121
UNIT #3
WILLISTON, FL 32696 US

SUBJECT: ELITE MOVERS AND MORE LLC
Ref. Number: W22000091082

We have received your document for ELITE MOVERS AND MORE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dil Sultana
Regulatory Specialist II

Letter Number: 822A00015421

2022 JUL 22 PM 5:41

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Elite Movers and More 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:

Paula J. Marcum
Name of Person

Elite Movers and More LLC
Firm/Company

17150 NE State Road 121, Unit #3
Address

Williston, FL 32696
City/State and Zip Code

elitemoversandmore@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula J. Marcum at (352) 877-0316
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

already paid

☐ \$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

2023 JUN 22 PM 5:41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Elite Movers and More 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:

17150 NE State Rd. 121
Unit #3
Williston, FL 32696

Mailing Address:

17150 NE State Rd 121
Unit #3
Williston, FL 32696

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:

Paula J. Marcum
Name

17150 NE State Rd 121, Unit #3

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

Williston, FL 32696
City State 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.

Paula J. Marcum
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUN 22 PM 5:47

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:

Paula J. Marcum
17150 NE State Rd. 121, Unit #3
Williston, FL 32696

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/1/2022 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Paula J. Marcum

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.

Paula J. Marcum

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)

2023 JUL 3 2 PM 5:42