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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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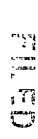


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SECRETARY OF STATE

023 AUG 25 PM 2:



COVER LETTER *

Division of Cor			
SUBJECT: <u>Sec</u>	geant Movi	ng & Storage ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all correspo	indence concerning this ma	tter to the following:	
	Thomas	Name of Person	
	Sergeant	MUVING & Sto	rage
	1 SE C	Cean Blud. Address	
	Sgt mov	34994 ity/State and Zip Code ving @gmail. co for future annual report notificat	ion)
For further information co	ncerning this matter, please	call:	
Tasha		rea Code Daytime Telephon	
Enclosed is a check for the	ne 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)
	g Address ling Section	Street Address New Filing Section	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Sergeant Movi	ng & Storage LLC, y Company, "L.L.C." or "LLC.")
(Must conatin the words "Limited Liability	y 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:
1 SE Ocean Blud.	1281 Sw Marmore Av
Stuact, FL, 34994	Port Saint Lucie, FH. 349

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:

ARTICLE I - Name:

lasha	White			
7				
672 SE	Essex	Dr.		
Florida street address (P.O. Box NOT acceptable)				
Port Saint 1	ucie F	L. 34984		
City	State	Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacited 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (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.) 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:

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)