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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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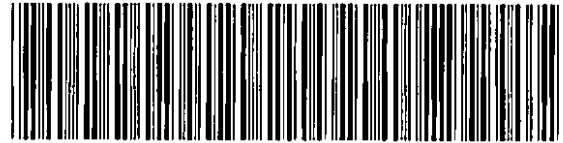
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG 25 PM 2:48

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sergeant Moving & Storage
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:

Thomas Mundy
Name of Person

Sergeant Moving & Storage
Firm/Company

1 SE Ocean Blvd.
Address

Stuart, FL 34994
City/State and Zip Code

Sgtmoving@gmail.com

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

For further information concerning this matter, please call:

Tasha White at (772) 300-5432
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sergeant 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:

1 SE Ocean Blvd.
Stuart, FL 34994

Mailing Address:

1281 SW Marmore Ave.
Port Saint Lucie, FL 34953

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:

Tasha White

Name

672 SE Essex Dr.

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

Port Saint Lucie, FL 34984

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.

Tasha White

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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

President

Thomas Mundy
1281 SW Marmore Ave.
Port Saint Lucie, FL 34953

Thomas Mundy
Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)