

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
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S. CHATHAM  
DEC - 6 2024

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.  
AMERICAN CENTRAL VANLINES LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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2024 DEC -5 AM 9:12  
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TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN CENTRAL VANLINES 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:

1175 NE 125TH ST.

SUITE 407

NORTH MIAMI, FLORIDA 33161

Mailing Address:

1175 NE 125TH ST.

SUITE 407

NORTH MIAMI, FLORIDA 33161

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

REGISTERED AGENT SOLUTIONS, INC.

Name

2894 REMINGTON GREEN LN. STE. A

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

TALLAHASSEE

FLORIDA

32308

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..*

/s/ Naomi Ostopowitz, Assistant Secretary on Behalf of Registered Agent Solutions, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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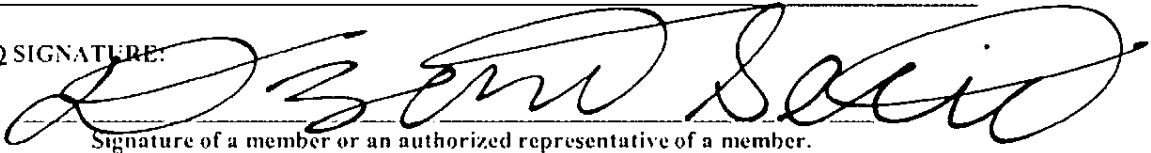
ARTICLE IV-  
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>DZEMO SECIC</u>
	<u>1175 NE 125TH ST. SUITE 407</u>
	<u>NORTH MIAMI, FLORIDA 33161</u>
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(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.

DZEMO SECIC  
\_\_\_\_\_  
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)

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