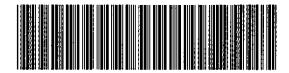
# MUCCOSION

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS					
OCT 14 2011					
EXAMINER					

Office Use Only



800212574668

10/03/11--01035--006 \*\*125.00

FILED

11 OCT 13 PH 1: 16

SEGRETARY OF STATE

#### **COVER LETTER**

	O: Registration Section Division of Corporations					
SUBJECT:	One Smart Mover LLC  Name of Limited Liability Company					
The enclose Existence, a	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:						
	Vanessa Autray					
Name of Person						
	Firm/Company					
	6751 N Federal Hwy, Suite 302					
Boca Ration, FL 33431  City/State and Zip Code						
Van vey & Consumer d Cayoup. Com.  E-mail address: (to be used for uture annual report notification)						
For further information concerning this matter, please call:						
<u>V</u>	Name of Person Area Code & Daytime Telephone Number					
Div Reg P.C	STREET ADDRESS: ision of Corporations pistration Section Box 6327 Islahassee, FL 32314  Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	s a check for the following amount:  5.00 Filing Fee \$\bigcup \frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}} \bigcup \frac{\$160.00 \text{ Filing Fee, Certificate of Status}}{\text{Certified Copy}} \end{array}					



October 5, 2011

VANESSA AUTREY 6751 N. FEDERAL HWY, STE. 302 BOCA RATON, FL 33431

SUBJECT: ONE SMART MOVER LLC

Ref. Number: W11000051376

We have received your document for ONE SMART MOVER 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):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 911A00022932

FILED

11 OCT 13 PH 5-56

SEGRETARY OF STATE
TALLAHASSEE, FLORID.

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

1. ONE SMART MOVEY LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45-3003310 (FEI number, if applicable)
4. B   10   201   5.   Perpetual (Date of Organization)   5.   (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4800 N. Federal Hwy, Suite 305A
Boca Raton, F. 33431 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here   9. The name and usual business addresses of the managing members or managers are as follows:  Kevin Brody: 4800 N Federal Hwy, Swife 305A, Boca Ration, FZ 33431  Ryan Neill: 4800 N Federal Hwy, Swife 305A, Boca Ration, FZ 3343
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: home Ser 1365
Signature of a member or an authorized representative of a member.
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.81 355, F.S.)

Typed or puinted name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Company  174 Mover LLC	is:			
If unavailable, t	he alternate to be used in the sta	te of Florida i	s:		
2. The name an	d the Florida street address of th	ne registered a	gent and office are:		
NRAI Services, Inc.					
515 East Park Avenue					
	Florida Street Address Tallahassee		32301		
		FL City/State/Zip		<del></del>	

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 608, Florida Statutes.

By: Und Direct Osat Secretary

Xonda Diven Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) PAGE 1



#### State of Belaware

SECRETARY OF STATE **DIVISION OF CORPORATIONS** P.O. BOX 898 DOVER, DELAWARE 19903

110940822

08-24-2011

9843695

ONE SMART MOVER 4800 N FEDERAL HWY, SUITE 305A

BOCA RATON

FL 33431

ATTN: VANESSA AUBREY

DESCRIPTION	AMOUNT
ONE SMART MOVER LLC 5025538 8300 Certificate in Re Short Certification Fee	50.00
FILING TOTAL	50.00
TOTAL PAYMENTS	50.00
SERVICE REQUEST BALANCE	. 00

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ONE SMART MOVER LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2011.

5025538 8300

110940822

AUTHENTICATION: 8988714

DATE: 08-24-11

You may verify this certificate online at corp.delaware.gov/authver.shtml