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05/28/13--01032--007 **125.00

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 RESIDESS IN THE STATE OF FLORIDA:

1. BROTHERS EZ MOVING LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	
(If name unavailable, enter alternate name adopted for the purpose of transacting busine consent of the managers or managing members adopting the alternate name. The alternate Company," "L.L.C," "LLC.")	ess in Florida and attach a copy of the written the name must include "Limited Liability
₂ WYOMING _{3.} 46-2504924	1
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI t	number, if applicable)
4. 01/28/2013 5. PERPETUA	
(Date of Organization) (Duration: Year li exist or "perpetua	mited liability company will cease to "")
6. N/A	weeks."
(Date first transacted business in Florida, if prior to registr (See sections 608.501 & 608.502 F.S. to determine penalty)	iability)
7. 12201 SHELBY DR	AR A
RIVERVIEW, FL 33579	28 AARY ASSE
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check he	ere
9. The name and usual business addresses of the managing members or	- N
GARY THACKER 12201 SHELBY DRIVE RIVE	VIEW FL 33579
10. Attached is an original certificate of existence, no more than 90 days old, duly authentic the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Flori	da. ANY AND ALL
LEGAL PURPOSES	ua
Signature of a member or an authorized representation accordance with section 608.408(3), F.S., the execution of this document of penalties of perjury that the facts stated herein are true. I am aware that any document to the Department of State constitutes a third degree felony. Gary Thacker	onstitutes an affirmation under the false information submitted in a
Viving Typed or printed 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.

	mited Liability Company is: EZ MOVING LLC	
If unavailable, the alte	ernate to be used in the state of Florida is:	
2. The name and the I	Florida street address of the registered agent and office	e are:
GARY THACKER		20 6
	(Name)	2013 HAY
12201 SHELBY DRIVE		SSE 28
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	THE REPORT OF THE PARTY OF THE
RIV	YERVIEW FL 33579	Series 32

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.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

BROTHERS EZ MOVING LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on January 28, 2013, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2013-000637026.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of May, 2013 at 12:30 PM. This certificate is assigned 013756018.



Max Massello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.