

**M15000010290**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8442  
Fax Number : (850) 878-5368

**Please retain original filing date of submission 12/3**

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

Email Address: \_\_\_\_\_

RECEIVED

15 DEC 28 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Foreign Limited Liability Company  
MOVING PROS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2015 DEC -3 AM 8:09

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DEC 29 2015  
**J. HARRIS**

12/28/2015 11:21:28 AM From: To: 8506176383( 3/5 )

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOVING PROS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

MICHAEL WHITE

Name of Person

MOVING PROS, LLC

Firm/Company

1612 KINGSWOOD RD

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

Michael@MashTank.com

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

For further information concerning this matter, please call:

Michael White

Name of Contact Person

804

Area Code

467-2599

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

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

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



December 4, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

**\*RE-SUBMIT\***

SUBJECT: MOVING PROS, LLC  
REF: W15000078386

Please retain original filing  
date of submission 12/3

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L15000067025.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H15000286456  
Letter Number: 915A00025380

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC -3 AM 8:09

FILED

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MOVING PROS, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 47-5567242  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1612 KINGSWOOD RD  
JACKSONVILLE, FL 32207  
(Street Address of Principal Office)


6. 1612 KINGSWOOD RD  
JACKSONVILLE, FL 32207  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC.  
Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

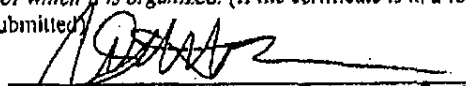
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MICHAEL WHITE, MANAGER  
1612 KINGSWOOD RD  
JACKSONVILLE, FL 32207

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

 **Angel Nunez**  
Signature of an authorized **Assistant Secretary**

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.

MICHAEL WHITE, MANAGER  
Typed or printed name of signer

FILE  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MOVING PROS, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2015.



5871091 8300

SR# 20150905593

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 10454474

Date: 11-19-15