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August 3, 2017

MARY ELIZABETH M. BROWDER, ESQUIRE 1201 N. ORANGE STREET, SUITE 400 WILMINGTON, DE 19801 US

SUBJECT: ALL MY SONS MOVING & STORAGE OF JACKSONVILLE, LLC

Ref. Number: W17000063845

We have received your document for ALL MY SONS MOVING & STORAGE OF JACKSONVILLE, 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 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.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 617A00015806

COVER LETTER

TO:

то:		ion Section of Corporation	s			
SUBJE	All N	Ay Sons Movin	g & Storage of Jacksonville	, LLC		
30131.			Name of	Limited Liability (Company	
						insact Business in Florida," Certificate of company to transact business in Florida.
Please	return all co	errespondence c	oncerning this matter to the	following:		
		Mary Elizabeth	M. Browder, Esquire			
	-		N.	ame of Person		
		Monzack Mersl	ky McLaughlin and Browde	r, PA		
	-		Fi	rm/Company		<u> </u>
		1201 N. Orange	Street, Suite 400			
	-			Address		
		Wilmington, D	E 19801			
	•		City/S	tate and Zip Code		.
	m	browder@mon	law.com			
			E-mail address: (to be used	d for future annual	report not	ification)
For fur	ther inform	ation concerning	g this matter, please call:			
	Mary Eli	zabeth M. Brow	der, Esquire	302 at (656-810	52
		Name o	f Contact Person	Area Code	Day	time Telephone Number
	Division of Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ec, FL 32301
Enclose		k for the follow 0 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fec &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

(Name of Poleigi	& Storage of Jacksonville, LLC n Limited Liability Company; must include "Limited	t Lability Company," "L.L.C.," or "L.	.C.")
	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limite	d Liability Company," "L.L.C." or "LJ.C.")
2 Delaware		3. 90-0289684	
Ourisdiction under the law of v	which foreign limited liability company is organized)	(FEI	number, if applicable)
4 7/17/2017			
	(Date first transacted business in Florida, if prior to i (See sections 605 0904 & 605,0905, F.S. to determine	egistration)	
5 6805 Stuart Lane Sou		6 2400 Old Mill Road	
5. 0805 Stuart Lane Sou (Street Address of	Principal (Hice)		Addressi
Jacksonville, FL 3225	54	Carrollton, TX 75007	₹'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u> </u>			7
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	MIG -2 AHASSEI
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		STATI
	Tallahassee	, Florida <u>32301</u>	≥ E 5 3
	(City)	(Zi	p code)
designated in this applicate comply with the provis	ation, I hereby accept the appointment as sions of all statutes relative to the proper us of my position as registered agent.	and complete performance of	act in this capacity. I further agr my duties, and I am familiar with
designated in this applicate to comply with the provis	ation, I hereby accept the appointment as sions of all statutes relative to the proper	registered agent and agree to and complete performance of (Asst	act in this capacity. I further agr
designated in this applicate comply with the provision and accept the obligation 8. The name, title or cap	ation, I hereby accept the appointment as sions of all statutes relative to the proper us of my position as registered agent. (Registered agent's so	registered agent and agree to and complete performance of Asst	act in this capacity. I further agr my duties, and I am familiar with Carrie Pugh Vice President
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointment as sions of all statutes relative to the proper us of my position as registered agent. (Registered agent's specify and address of the person(s) who has Name and Address:	Asst ignature) s/have authority to manage is/ar Title or Capacity:	act in this capacity. I further agr my duties, and I am familiar with Carrie Pugh Vice President
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap	ation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's so pacity and address of the person(s) who has Name and Address: Chris Generale	registered agent and agree to and complete performance of Asst	act in this capacity. I further agr my duties, and I am familiar with Carrie Pugh Vice President re: Name and Address: Julian Gomez
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designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's separately and address of the person(s) who has Name and Address: Chris Generale 2400 Old Mill Road	Asst ignature) s/have authority to manage is/ar Title or Capacity:	act in this capacity. I further agr. my duties, and I am familiar with Carrie Pugh Vice President re: Name and Address: Julian Gomez 2400 Old Mill Road
designated in this applicate comply with the provisional accept the obligation 8. The name, title or capacity: President	ation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's specified and address of the person(s) who has Name and Address: Chris Generale 2400 Old Mill Road Carrollton, TX 75007	Asst ignature) s/have authority to manage is/ar Title or Capacity:	act in this capacity. I further agr. my duties, and I am familiar with Carrie Pugh Vice President re: Name and Address: Julian Gomez 2400 Old Mill Road
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Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALL MY SONS MOVING & STORAGE OF

JACKSONVILLE, 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

JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202933253

Date: 07-24-17