M17000006821

(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:

Office Use Only



600302009056

500302009056 08/02/17-01015-011 **125.00

> 7 AUG -2 AM II: C ECRETARY OF STATE LLAHASSEE, FLORIDA

J 8/10/17



FLORIDA DEPARTMENT OF STATE Division of Corporations

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 ORLANDO, LLC

Ref. Number: W17000063808

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

www.sunbiz.org

Letter Number: 617A00015799

COVER LETTER

.Registration Section
Division of Corporations

TO:

SUBJECT:		Name of	Limited Liability (Company		
					ansact Business in Florida," Certific y company to transact business in F	
Please return	ı all correspondence	concerning this matter to the	following:			
	Mary Elizabeth	M. Browder, Esquire				
		N	ame of Person			
	Monzack Mers	ky McLaughlin and Browde	r, PA			
		Fi	irm/Company			
	1201 N. Orang	e Street, Suite 400				
			Address	- H		
	Wilmington, D	E 19801				
		City/S	tate and Zip Code			
	mbrowder@moi					
		E-mail address: (to be used	d for future annual	report no	tification)	
For further i	nformation concerning	g this matter, please call:				
Ma	ary Elizabeth M. Brov	wder, Esquire	302 at (656-81	62	
_	Name o	of Contact Person	Area Code	Day	ytime Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	<u>:</u>

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limite	ed Liability Company," "L.L.C," or "LI.C.")
Delaware (Jurisdiction under the law of w	hich (oreign limited liability company is organized)	3. <u>65-1017365</u>	number, il applicable)
7/17/2017			
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	
3636 Silver Star Road		6 2400 Old Mill Road	
(Street Address of I	Principal Office)		g Address)
Orlando, FL 32808		Carrollton, TX 75007	-
Orando, rt. 52505			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ALCRETA
Name;	Corporation Service Company		SSE -2
Office Address:	1201 Hays Street		E PS D
	Tallahassee	32301	H H: STAT LORK
		, Florida <u>32301</u>	
aving been named as re signated in this applica comply with the provisi	tance: egistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	rocess for the above stated lim s registered agent and agree to	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi
esignated in this applica comply with the provisi	stance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper	process for the above stated lim s registered agent and agree to and complete performance of	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi
aving been named as resignated in this applical comply with the provisind accept the obligation. The name, title or capa	stance: egistered agent and to accept service of p etion, I hereby accept the appointment as ions of all statutes relative to the proper es of my position as registered agent. (Registered agent's s acity and address of the person(s) who has	process for the above stated limes registered agent and agree to and complete performance of ignature)	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi arrie Pugh
aving been named as resignated in this applical comply with the provised accept the obligation. The name, title or capa Title or Capacity:	stance: registered agent and to accept service of p stion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s acity and address of the person(s) who has Name and Address:	process for the above stated limes registered agent and agree to and complete performance of signature) s/have authority to manage is/at Title or Capacity:	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi arrie Pugh Savice Preside
aving been named as resignated in this applical comply with the provising accept the obligation. The name, title or capa	stance: egistered agent and to accept service of p etion. I hereby accept the appointment as ions of all statutes relative to the proper es of my position as registered agent. (Registered agent's s acity and address of the person(s) who has Name and Address: Ambrose Palermo	process for the above stated limes registered agent and agree to and complete performance of ignature)	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi Parrie Pugh ASSA Vice Preside
aving been named as resignated in this applical comply with the provised accept the obligation. The name, title or capa Title or Capacity:	stance: registered agent and to accept service of p stion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s acity and address of the person(s) who has Name and Address:	process for the above stated limes registered agent and agree to and complete performance of signature) s/have authority to manage is/at Title or Capacity:	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi arrie Pugh Salvice Preside
aving been named as resignated in this applical comply with the provised accept the obligation. The name, title or capa Title or Capacity:	etance: registered agent and to accept service of p stion. I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Registered agent's s acity and address of the person(s) who has Name and Address: Ambrose Palermo 3636 Silver Star Road	process for the above stated limes registered agent and agree to and complete performance of signature) s/have authority to manage is/at Title or Capacity:	ited liability company at the plate act in this capacity. I further a my duties, and I am familiar with a research of the Pugh and Address: Name and Address: Julian Gomez 2400 Old Mill Road
aving been named as resignated in this applical comply with the provisual accept the obligation. The name, title or capa Title or Capacity: President	stance: registered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Registered agent's s acity and address of the person(s) who has Name and Address: Ambrose Palermo 3636 Silver Star Road Orlando, FL 32808 Nick Bouras 2400 Old Mill Road	process for the above stated limes registered agent and agree to and complete performance of signature) s/have authority to manage is/at Title or Capacity:	ited liability company at the place of in this capacity. I further a my duties, and I am familiar with a research of the Pugh and Address: Name and Address: Julian Gomez 2400 Old Mill Road
aving been named as resignated in this applical comply with the provisual accept the obligation. The name, title or capa Title or Capacity: President CFO	stance: registered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s acity and address of the person(s) who has Name and Address: Ambrose Palermo 3636 Silver Star Road Orlando, FL 32808 Nick Bouras 2400 Old Mill Road Carrollton, TX 75007	process for the above stated limes registered agent and agree to and complete performance of signature) s/have authority to manage is/at Title or Capacity:	ited liability company at the place of in this capacity. I further a my duties, and I am familiar with a research of the Pugh and Address: Name and Address: Julian Gomez 2400 Old Mill Road
aving been named as resignated in this applical comply with the provised accept the obligation. The name, title or capa Title or Capacity: President	stance: registered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s acity and address of the person(s) who has Name and Address: Ambrose Palermo 3636 Silver Star Road Orlando, FL 32808 Nick Bouras 2400 Old Mill Road Carrollton, TX 75007	process for the above stated limes registered agent and agree to and complete performance of signature) s/have authority to manage is/at Title or Capacity:	ited liability company at the place of in this capacity. I further a my duties, and I am familiar with a place of the Pugh and Address: Name and Address: Julian Gomez 2400 Old Mill Road
aving been named as resignated in this applicated in this applicated comply with the provised accept the obligation. The name, title or capa Title or Capacity: President CFO Jse attachments if necessary acceptions acception.	etance: registered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Registered agent's s acity and address of the person(s) who has Name and Address: Ambrose Palermo 3636 Silver Star Road Orlando, FL 32808 Nick Bouras 2400 Old Mill Road Carrollton, TX 75007 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	irocess for the above stated limes registered agent and agree to and complete performance of ignature) s/have authority to manage is/at Title or Capacity: Assistant Secretary	ited liability company at the placet in this capacity. I further a my duties, and I am familiar with a series of the Pugh and Address: Name and Address: Julian Gomez 2400 Old Mill Road Carrollton, TX 75007

Typed or printed name of signee

Page 1



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

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

ORLANDO, 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: 202933291

Date: 07-24-17

3243661 8300 SR# 20175369447

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