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(Req	uestor's Name)				
(Address)					
(Add	ress)				
(City.	/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W18-87758	Busine	oo as RA			

Office Use Only



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October 2, 2018

JOSHUA WILLIAMS ABOUT THE MOVE LLC 914 N FERDON BLVD, UNIT 3 CRESTVIEW, FL 32526

SUBJECT: ABOUT THE MOVE LLC

Ref. Number: W18000087758

We have received your document for ABOUT THE MOVE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Karen A Saly Regulatory Specialist II

U

Letter Number: 918A00020522

COVER LETTER

	on of Corporation	15				
SUBJECT:		About The Name of L	imited Liability Con	npany		
		eign Limited Liability Compa d to register the above refere				
Please return all	correspondence o	concerning this matter to the f	ollowing:			
	<u> </u>	JDS/VVC Na	me of Person	ams	·	
	AK	att The Fir	MOVI,	UC	<u> </u>	
		914 N	Fey Cl	n BN	d unit	3
	<u> </u>	Styllw, Fl City/St	3252 ate and Zip Code	Le		
	about	E-mail address: (to be used	for future annual re	h(). (()	<u>)m</u>	
For further info	rmation concernin	g this matter, please call:				
Jos	Shuci M Name o	OllicumS of Contact Person	at (205) Area Code	2U5 - C	phone Number	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314		D R C 2	TREET ADDRE	rations on enter Circle	
	neck for the follow 5.00 Filing Fee	ing amount: \$\square\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filing Certified Copy	Fee & V \$160	0.00 Filing Fee, Certing & Certified Copy	ificate

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

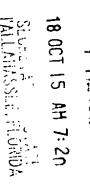
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, TECOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	IE FOLLOWING IS SUBMITTED TO RE	EGISTER A FOREIGN LIMITED LIABILITY
. About The Move 110		
(Name of Foreign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "I	(LC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limi	1ted Liability Company," "L.L.C," or "L.L.C.")
2. / 13001 JCC1 JCA (Jurisdiction under the law of which foreign limited liability company is organized)	3. <u>70918</u>	El number, if applicable)
4. OCHOLY 2018 "(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to de	(will begin)	<u> </u>
(See sections 605,0904 & 605,0905, F.S. to d	etermane penalty hability)	Exten Blid unit 3
(Street Address of Principal Office)	6. (Mailie	ng Address)
1xiphn1, 41 36526	Crestvieu	2,4132526
7. Name and street address of Florida registered agent: (P.O.	Roy NOT acceptable)	
Inchiro N Will	114415	5 5
Name: JOSHUU D. WILL	Diet mot 2	是一
Office Address: 919 N. FEY(10Y)	1 RIV(1 MILL 2	
Crestrien	, Florida <u>32</u>	526
Registered agent's acceptance:	(5	Zip code)
Having been named as registered agent and to accept service designated in this application, I hereby accept the appointme		
to comply with the provisions of all statutes relative to the pro-	oper and complete performance of	
and accept the obligations of my position as registered agent.		
Registront as	cont's signature)	
	•	
8. The name, title or capacity and address of the person(s) wh Title or Capacity: Name and Address:	to has/have authority to manage is/s Title or Capacity:	are: Name and Address:
Ower Ishur Willia	ims Manager	Tammy Mondella
300) 112 HM 02	7-100101901	914 N. Herdon Blud
Daphre, AL31	<u>1526</u>	Crestillift 32526
·		
(Use attachments if necessary)		
9. Attached is a certificate of existence, no more than 90 days of	ald duly authenticated by the offic	ial having custody of records in the
jurisdiction under the law of which it is organized. (If the certifof the translator must be submitted)		
10. 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		
		
Sign	nature of an authorized person	

John H. Merrill Secretary of State P₂O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that ABOUT THE MOVE LLC was formed in Jefferson County, Alabama on February 17, 2014. The Alabama Entity Identification number for this entity is 297-127. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/24/2018

Date

X 24. Menill

John H. Merrill

Secretary of State