# 1Proven

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



## 300325273083 FEB 21 P II: III LANASSEE FLORIDA

02/27/19--01018--024 +\*150.00



#### **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT: PACK IT UP MOVING AND STORAGE 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 D. STOUT Name of Person PACKIT UP MOVING AND STORAGE LLC Firm/Company 1625 ROCK MOUNTAIN BOULEURD, SUITE Address STONE MOUNTAIN GA 30083 City/State and Zip Code MSTOUT 8725 @ NYCAP, RR, COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL D. STOUT at <u>317</u> <u>650 - 4159</u> Name of Contact Person Area Code Davtime 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: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status

Certified Copy

S160.00 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:

1. PACK IT UP MOVING AND STORAGE LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," 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," "LLC." or "LLC.") 3. 83 - 119 5 72 4 (FEI number, if applicable) GEORGIA Dursdiction under the law of which foreign limited liability company is organized) 4. NA (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 1625 ROCK MOUNTAIN BLUD (Street Address of Principal Office) STONE MOUNTAIN, GA 6. <u>SAME</u> (Nailing Address) 30083 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PAMELA PALMER Name: Office Address: 4081 SW ST. LUCIE SHORES 
 PALM CITY
 , Florida
 34995.

 (City)
 (Zip code)
 (The code)
**Registered agent's acceptance:** Having been named as registered agent and to accept service of process for the above stated limited lightly 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, Vamela Valmen, (Registered agent's signature) 10 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address; Title or Capacity: Title or Capacity: CLARK R. MAYFIELD MEMBER GIOJ SUMMERALL CIRCLE BRASELTON, GA 30517 TRAVIS A BASSETT MEMAER 1212 WALKER COURT MEDONICH, GA

(Use attachments if necessary)

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)

MICHAEL D. STOUT 12 FAIRLEIGH WAY BALLSTON LAKE, NY

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 a third degree felony as provided for in s.817.155, F.S.

Clark R May Lelo Significate of an authorized person

Typed or printed name of signee

CLARK R MAYFIELD

Control Number: 18080883

### **STATE OF GEORGIA**

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### **CERTIFICATE OF EXISTENCE**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### Pack It Up Moving and Storage, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-faoie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16702198 Date Inc/Auth/Filed: 06/24/2018 Jurisdiction : Georgia Print Date : 02/16/2019 Form Number : 211



Bred Raffenspergen

Brad Raffensperger Secretary of State