

P110000059554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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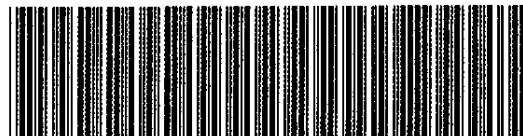
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
ALLAHBACHA, ALABAMA

SC  
6-28-11

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Storage & Moving Management Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Julie Willford

Name (Printed or typed)

500 Minnie St.

Address

Titusville, FL 32796

City, State & Zip

(321) 269-3280

Daytime Telephone number

hdss@bellsouth.net

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

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TALLAHASSEE, FL 32314

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**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Storage & Moving Management Services, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Storage and Moving Management Services, Inc.  
500 Minnie St.  
Titusville, FL 32796

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Supplying goods and services to the self-storage industry.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Julie Willford, Manager  
Address: 500 Minnie St.  
Titusville, FL 32796

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Julie Willford  
Address: 500 Minnie St.  
Titusville, FL 32796

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Julie Willford  
Address: 500 Minnie St.  
Titusville, FL 32796

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Julie Willford*

Required Signature/Registered Agent

Julie Willford

June 21, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

*Julie Willford*

Required Signature/Incorporator

Julie Willford

June 21, 2011

Date

2011 JUN 27 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304