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SEURE FARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Moving & Storage Solutions, 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 \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy Certified & Certified Status ADDITIONAL COPY REQUI	d Copy ficate of		
FROM: Jonathon C. Gracey Name (Printed or typed)			
6320 Lucerne St. Address	Ās	20	
Jupiter, Florida 33458 City, State & Zip	ELAE II	2011 JAN	
561-222-5557	SSEE, FI	19 AM	
Daytime Telephone number jcgracey@aol.com E-mail address: (to be used for future annual report notification)	S OATE LORIDA	AM II: 57	

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 The name of the co	NAME Moving & Storage Solution shall be:	itions, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
_	Principal street address	Mailing a	ddress, if different is:
	3320 Lucerne St.		
اد	lupiter, Florida 33458		
ARTICLE III	PURPOSE	- · · · · · · · · · · · · · · · · · · ·	
******	hich the corporation is organized is:		
Sales for Res	sidential and Commercial Moving		
	•		
ARTICLE IV			
The number of sha	res of stock is:100		
ARTICLE V			
Name and Ti	itle: Jonathon C. Gracey, President	Name and Title:	
Address:	6320 Lucerne St.	Address:	
	Jupiter, Florida 33458		
Name and Ti	itle:JoAnn Gracey, Vice President		
Address:	6320 Lucerne St.	Address:	
	Jupiter, Florida 33458		
	·		
Name and Ti	itle:	Name and Title:	
Address:		Address:	
			······································
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	of the registered agent is:	2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2
Name:	Jonathon C. Gracey		
Address:	6320 Lucerne St		AHA JAN
	Jupiter, Florida 33458		ν -
ARTICLE VII	INCORPORATOR		SE O
	Iress of the Incorporator is:		
Name:	Jonathon C. Gracey	_	
Address:	6320 Lucerne St	_	
	Jupiter, Florida 33458	_	\$10 4
Having been name	ed as registered agent to accept service of proce	ss for the above stated corpo	oration at the place designated in
this certificate, I ar	m familiar with and accept the appointment as re	gistered agent and agree to a	ct in this capacity
1/	M. solie		414 414 4
-4			<u>1/14/11</u>
1	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein ar	e true. I am aware that the	false information submitted in o
aocument to the D	epartment of State constitutes a third degree feloi	ny as provided for in s.817.15	55, F.S.
1	1. Yacely		1/14/11
	Required Signature/Incorporator		Date
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