



SANTA BARBARA COUNTY CLERK-RECORDER

P. O. Box 159, Santa Barbara, CA 93102 (805) 568-2250 www.SBCRecorder.com

Office Locations:

1100 Anacapa Street, Hall of Records, Santa Barbara, CA 93101 511 E. Lakeside Parkway, Suite 115 Santa Maria, CA 93455

BUSINESS OWNER IS RESPONSIBLE TO DETERMINE IF PUBLICATION IS REQUIRED (BPC 17917). FILING IS A PUBLIC RECORD (GC 6250-6277).

Filed in County Clerk's Office County of Santa Barbara

JOSEPH E. HOLLAND County Clerk-Recorder

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Space above for County Clerk USE ONLY

FICTITIOUS BUSINESS NAME STATEMENT

[X] FILING

[] ABANDONMENT:

County of Current Filing _____ Date of Current Filing _____ File No. _____

Filing Fee: \$47.00 Includes one business name and one registrant name (please make check payable to "Santa Barbara County Clerk-Recorder") Add \$5.00 for each additional business name or registrant name filed on same statement and operating at same location

Abandonment Fee: \$30.00

Statements processed through the mail: Add \$2.00 for copies returned via USPS First Class mail or \$23.50 for USPS Express delivery mail.

Please TYPE or PRINT legibly and firmly in DARK ink (no alterations). See reverse side for filing and publishing instructions. The determination whether or not publication is required by law is ENTIRELY THE RESPONSIBILITY OF THE REGISTRANT. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1 FICTITIOUS BUSINESS NAME MOVEGREEN - SANTA BARBARA MOVERS
2 Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable) 1811 STATE ST, SUITE 2 City SANTA BARBARA State CA Zip Code 93101
3 (1) Name of Individual Registrant (First name) (Middle initial only) (Last name) (1) Name of corporation or limited liability company as shown in the Articles of Inc./Org./Reg. MOVEGREEN INC. State of Inc./Org. / Reg. CA
Business Mailing Address 1811 STATE ST SUITE 2 City SANTA BARBARA State CA Zip Code 93101
(2) Name of Individual Registrant (First name) (Middle initial only) (Last name)
(2) Name of corporation or limited liability company as shown in the Articles of Inc./Org./Reg. State of Inc./Org. / Reg.
Business Mailing Address City State Zip Code

List any additional names on additional form

(CHECK ONE ONLY) This business is/was conducted by:

- 4 An Individual A Limited Liability Partnership A Married Couple
A General Partnership An Unincorporated Assoc. Other Than a Partnership State or Local Registered Domestic Partners
A Limited Partnership X A Corporation A Joint Venture
A Limited Liability Company Copartners A Trust

5 Registrant commenced to transact business under the fictitious business name or names listed above on (do not enter a future date). Feb 20, 2024
(IF registrant has not yet commenced to transact business, insert the statement "Not applicable"). Month, Day, Year

BY SIGNING, I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT. A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).

6 Signature: ERIK HANEY Printed Name of Person Signing: ERIK HANEY
Printed Title of Person Signing: CEO

NOTICE--IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).