# L10000081633

(R	equestor's Name)	
(A	ddress)	
· (A	ddress)	
(С	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special instructions to	Filing Officer:	
•		

Office Use Only



200183439942

07/22/10--01039--003 \*\*160.00

10 AUG -3 PH 12: 12

SECRETARY OF STATE

T. HAMPTON

AUG - 4 2010

EXAMINER

VID-345-84

## **COVER LETTER**

TO:	Registration Division of C			. '
SUBJI	ECT: <u>CERVC</u>		ervices Company, LL ed Liability Company	C.)
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
		Joseph	E. Rodriguez	
			Name of Person	
		MSE Systems	Tna	
		MSE Systems	Firm/Company	
		603 Verona	Street	
		· · · · · · · ·	Address	
		Kissimmee, FL 3	4741	
		Cit	ry/State and Zip Code	
		msesys@ao1.		
		E-mail address: (to be used	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Josepi	n Rodrigu Name	ez / Jeannette of Person Navedo	at ( 407 ) 931 1221 Area Code & Daytime Telep	phone Number
Enclos	sed is a check f	or the following amount:		
<b>□</b> \$125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	



# FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 AUG -3 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 23, 2010

JOSEPH E RODRIGUEZ MSE SYSTEMS INC 603 VERONA ST KISSIMMEE, FL 34741

SUBJECT: CELEBRATION SERVICES COMPANY, LLC

Ref. Number: W10000034594

We have received your document for CELEBRATION SERVICES COMPANY, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is .

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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 710A00017901

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R1	rT.	CI	LE	T.	. N	la	m	e

The name of the Limited Liability Company is:

Cervco Services Company, LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

#### **Principal Office Address:**

#### **Mailing Address:**

603 Verona Street
Kissimmee, FL 34741

P.O. Box 420428 Kissimmee, FL 34742

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jo	seph E. I	Rodrigu	ez		
	Name	e		,	
MS	E Systems	s, Inc.	603	Verona	Street
	Florida street ac	ddress (P.O.	Box No	OT acceptab	le)
Кi	ssimmee	FL	34	741	
	City, S	state, and Zi	р		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

egistered Agent's Signature (REQURED)

(CONTINUED)
Page 1 of 2

DIVISION OF CORPORATION

### **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u><b>Fitle:</b></u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
President	Joseph E. Rodriguez
Project Manager	Pedro Baldaguez
Business Manager	Andres Jaramillo
Vice President	Claudia Ramirez
Use attachment if necessary)	
	ate of filing: (OPTIO) specific and cannot be more than five business of

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph E. Rodriguez

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS