

L20000100544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

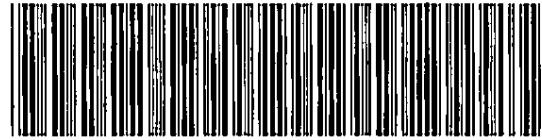
Special Instructions to Filing Officer:

Office Use Only

W20000 32514

APR 14 2020

T. SCOTT



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03/13/20--01010--013 \*\*130.00

APR 10 AM 9:21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2020

LEZLIE SHANAN  
3712 BUFFALO LANDING CT.  
JACKSONVILLE, FL ~~32256~~ 32257

SUBJECT: PRESTIGE HOME SERVICES, LLC  
Ref. Number: W20000032514

We have received your document for PRESTIGE HOME SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The zipcodes not matching on document.,

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 720A00006614

Corrected Zip Code  
Lezlie Shanan.

2020 APR 10 AM 11:47  
RECEIVED  
REGULATORY SERVICES

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Prestige Home Services  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lezlie Shahan  
Name of Person  
Prestige Home Services  
Firm/Company  
3712 Buffalo Landing Ct.  
Address  
Jacksonville, FL ~~32254~~ <sup>(US)</sup> 32257  
City/State and Zip Code  
Prestigetohmeservices20@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lezlie Shahan at ( 904 ) 440-5050  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prestige Home Service, LLC  
(Must contain 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:

3712 Buffalo Landing Ct  
JACKSONVILLE, FL ~~32257~~ (US)  
32257

Mailing Address:

3712 Buffalo Landing Ct  
JACKSONVILLE, FL ~~32257~~ (US)  
32257

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:

Lezlie Shahan  
Name  
3712 Buffalo Landing Court  
Florida street address (P.O. Box **NOT** acceptable)  
JACKSONVILLE FL 32257  
City State Zip

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 605, F.S.

Lezlie Shahan  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOV 10 AM 5:21

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMB" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Lezlie Shaman  
3712 Buffalo Landing Court  
Jacksonville, FL 32257

MGR

Burke Bauer  
3712 Buffalo Landing Ct  
Jacksonville FL 32257

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Lezlie Shaman

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

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.

Lezlie Shaman

Typed or printed name of signer

**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)