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Memo

To:

Division of Corporations

From:

Alonso Ponce De Leon

Subject:

Limited Liability Company

Date:

August 23, 2000

Enclosed are applications for 3 limited liability companies.

My address is 3890 W. Commercial Blvd. Suite 214 Fort Lauderdale, Fl 33309

My phone number is 954-733-6399.

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FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

August 31, 2000

ALONSO PONCE DE LEON 3890 W. COMMERCIAL BLVD., SUITE 215 FORT LAUDERDALE, FL 33309

SUBJECT: SERVICES COMPANY, LLC

Ref. Number: W00000021554

We have received your document for SERVICES COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "COMPANY." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 000A00046668

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is Services A scociates, LLC..

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 3890 W. Commercial Blvd., Suite 214 Fort Lauderdale, Florida 33309.

3890 W. Commercial Blvd., Suite 214 Fort Lauderdale, Florida 33309.

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

Alonso G. Ponce De leon 3890 W. Commercial Blvd., Suite 214 Fort Lauderdale, Florida 33309

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.

Alonso G. Ponce De Leon Date

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Signature of a member or an authorized representative of a member

Date

(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.)

Alonso G. Ponce De Leon