

L02000029310

TO THE STATE OF FLORIDA

ENCLOSED IS THE NECESSARY PAPER
WORK REQUESTED

BY YOUR OFFICE, AND THE NECESSARY
FILING FEES

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-10/14/02--01016--006
***125.00 ***125.00

THANKING YOU IN ADVANCE.

ROBERT R. KEARNEY
210 NESTLEBRANCE DR.
SAFETY HARBOR, FL 34695

W02-29709

DAY TIME PHONE NUMBER 727 669 3634
CELL 727 540 0520

AL

DATE 10 05 02.



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 15, 2002

ROBERT R. KEARNEY
210 NESTLEBRANCE DR.
SAFETY HARBOR, FL 34695

SUBJECT: MANAGEMENT SERVICES LLC
Ref. Number: W02000029709

We have received your document for MANAGEMENT SERVICES 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 802A00057438

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **MANAGEMENT SERVICES LLC**

ARTICLE II - Address:

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

**210 NESTLE BRANCH DR.
SAFETY HARBOR, FL 34695**

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

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

MRS JEAN FOXHILL
Name
132 SHORE DR. PL, OLDSMAR. 34677
Florida street address (P.O. Box **NOT** acceptable)
FL
City, State, and 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 608, F.S..

Mrs Jean Foxhill
Registered Agent's Signature

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.

(An additional article must be added if an effective date is requested)

Raymond Smith
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.)

Robert R. Heavney
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization ✓
\$ 25.00 Designation of Registered Agent ✓
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)