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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

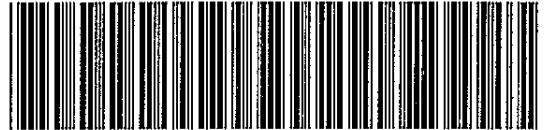
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Certificates of Status \_\_\_\_\_

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SECRETARY'S OFFICE  
TALLAHASSEE, FLORIDA

**Varied Services, LLC**  
1001 North Alt A1A, Suite 102  
Jupiter, FL 33477  
(561) 744-5287

November 20, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Please find enclosed our Articles of Incorporation for Florida Limited Liability Company. We have enclosed a check for \$155.00 to cover the Filing Fee, Designation of Registered Agent, and Certified Copy.

Should you have any questions regarding this matter, please contact our CPA: Jennifer R. Christiansen at (561) 827-1507.

Sincerely yours,

**Varied Services, LLC**

  
Loretta Focha  
Managing Member

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

VARIED SERVICES, LLC

### ARTICLE II - Address:

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

1001 NORTH ALT. A-1-A, Suite 102, Jupiter, FL 33477

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

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

Loretta Focha

Name

1001 N. ALT A-1-A Suite 102

Florida street address (P.O. Box **NOT** acceptable)

Jupiter

FL

33477

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.

Loretta Focha

Registered Agent's Signature

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

Loretta Focha

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.)

LORETTA FOCHA

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)

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03 NOV 24 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399