

FEB-17-05 04:02PM

340 P 01702 585

# L 050000016570

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000041135 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

*James M. Senterfitt, Legal Asst.*  
Account Name : AKERMAN, SENTERFITT & RIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

DIVISION OF CORPORATION

05 FEB 17 PM 2:39

RECEIVED

## LIMITED LIABILITY COMPANY

### SERVICE TALLAHASSEE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

*3840-163165*

FILED  
2005 FEB 17 M 8 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

*2p*

(H05000041135)

**ARTICLES OF ORGANIZATION  
OF  
SERVICE TALLAHASSEE, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Service Tallahassee, LLC**

**ARTICLE II: - Address**

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

401 E. Las Olas Boulevard  
Suite 1140  
Fort Lauderdale, Florida 33301

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

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

American Information Services, Inc.  
One Southeast Third Avenue, 28<sup>th</sup> FL  
Miami, Florida 33131

*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.*

*American Information Services, Inc.*

By: *Nery C. Toledo*  
Nery C. Toledo, Assistant Secretary  
Registered Agent

*Thomas C. Byrne*  
Thomas C. Byrne  
Authorized Representative of a Member

Signed and dated this 17<sup>th</sup> day of February, 2005.

(H05000042135)

(M22(294&1)

FILED  
2005 FEB 17 AM 8:55  
TALLAHASSEE, FLORIDA