

LD500 0017704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

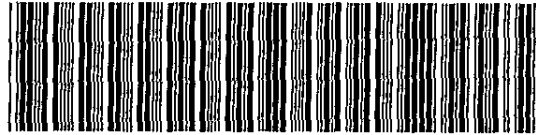
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600046423226

600046423226 4-10-00

FILED  
05 FEB 18 PM 3:29  
TALLAHASSEE, FLORIDA

50-22-05

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reliable Services Group, LLC  
(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:

Mark A. Hanna

(Name of Person)

(Firm/Company)

11416 Judge Ave.

(Address)

Orlando Fl. 32817

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK A. HANNA

(Name of Person)

at (

407)

468-2279

(Area Code & Daytime Telephone Number)

STATE OF FLORIDA  
TALLAHASSEE

05 FEB 18 PM 3:29

FILED

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Reliable Services Group, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

11416 Judge Ave  
Orlando Florida 32817

### Mailing Address:

11416 Judge Ave.  
Orlando Florida 32817

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

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

MARK A. HANNA  
Name

11416 Judge Ave  
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32817  
City, State, and Zip

FILED  
5 FEB 18 PM 3:29  
ALAMUSSE, FLORIDA

*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.*

Mark A. Hanna  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

MARK A. HANNA

11416 Judge Ave.

ORLANDO FL 32817

MGRM

Tim Engley

2864 Oak Shore Rd

ORLANDO, FL 32766

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Mark A. Hanna

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.)

Mark A. Hanna

Typed or printed name of signee

SECRET  
TALLAHASSEE, FLORIDA

05 FEB 18 PM 3:30

FILED

**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)**