# 1050000 28802

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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<u></u>	Office Use Onl	THE



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### TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
SUBJECT:		LIAL SERVICES d Liability Company)	LLC	_
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Roy FORD	Name of Person)		
<u></u>	DOVETALE, L	IC DBA JAN Firm/Company)	BURY	
<del>-,,_</del> -	115 N. TAM	IAMI TR., STE.	5	CECKET SEE
	NOKOMIS (City/	FL 34275 State and Zip Code)	<u></u>	
For further information of	concerning this matter, please	call:		
Roy (Name	FORD of Person)	at (941) 809-8 (Area Code & Daytime Te	R3/1 Elephone Number)	_
Enclosed is a check fo	r the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filis Certificate of St Certified Copy (additional copy is	tatus &

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:	
CASTLE COMMERCIAL SERVICES,	LIC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I	Liability Company is:
Principal Office Address: Mailing Address:	
NOKOMIS, FL 34275	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent	's Signature:
The name and the Florida street address of the registered agent are:	
Roy Ford Name  6706 OAK HAMMOCK DR.  Florida street address (P.O. Box NOT acceptable)  BRADENTON, FL 34202  City, State, and Zip  Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I capacity the obligations of my position as registered agent as provided for in	the appointment as th the provisions of all un familiar with and
Registered Agent's Signature	

(CONTINUED)

The name and ac	dress of each Manager or Managing Member is as follows:
Title: "MGR" = Manag "MGRM" = Mar	
MGR	ROY FORD 6706 OAK HAMMOCK DR. BRADENTON, FL 34202
MGRM	RICHARY OHLSSON  9042 MIDNIGHT PASS RD., UNIT 2-B  SIESTA KEY, FL 34242
MGRM	JULIE OHLSSON 9042 MIDNIGT PASS RD., UNIT 2-1 SIESTA KEY, FL 34242
(Use attachment	if necessary)
	itional article must be added if an effective date is requested.
REQUIRED SIG	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
	ROY FORD
	Typed of printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)