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2005 MAY -3 P 1:36

SECRETARY OF STATE



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

2005 MAY -3 P 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: USA SERVICES OF FLORIDA  
(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:

CHRISTOPHER L. McGehee & Thomas E. Hardin  
(Name of Person)

USA SERVICES OF FLORIDA  
(Firm/Company)

P.O. Box 607

(Address)

RIVERVIEW, FL 33569

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER L. McGehee at (813) 241-5627  
(Name of Person) (Area Code & Daytime Telephone Number)  
THOMAS E. HARDIN 813 923-3054

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA SERVICES OF FLORIDA, LLC

ARTICLE II - Address:

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

Principal Office Address:

5511 PATTERSON RD.  
RIVERVIEW, FL 33569

Mailing Address:

P.O. BOX 607  
RIVERVIEW, FL 33569

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

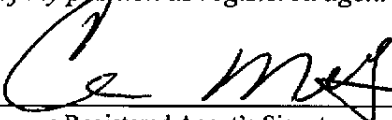
The name and the Florida street address of the registered agent are:

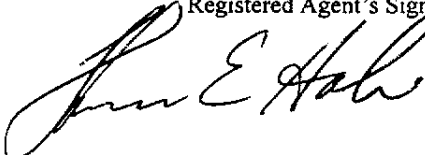
CHRISTOPHER McALICE  
Name

5511 PATTERSON RD.  
Florida street address (P.O. Box **NOT** acceptable)

RIVERVIEW, FL 33569  
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..*

  
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:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

THOMAS E HARDIN  
5511 PATTERSON RD.  
RIVERVIEW, FL 33569

MGRM

CHRISTOPHER L McGhee  
5533 BARNES CIR  
RIVERVIEW, FL 33569

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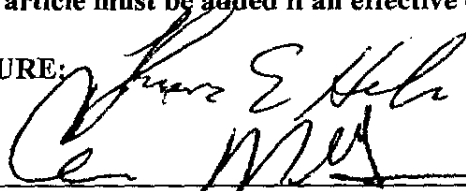
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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

CHRISTOPHER L McGhee  
Typed or printed name of signee

**Filing Fees:**

Thomas E. Hardin

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**