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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	Idress)	
(
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECTION OF STATE

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COVER LETTER

Division of Corporations		
SUBJECT: Advance Services, L		
(Name of Limit	ted Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Donna Pedrey		
-	(Name of Person)	
Advance Services, LL	С	
	(Firm/Company)	
1140 NW 48 Place		TALL
	(Address)	AHA AHA
Deerfield Beach, FL	33064	SSE
(Cir	ty/State and Zip Code)	P
For further information concerning this matter, please	e cali:	SECRETARY OF STATE FALLIAHASSEF FLORIDA
Donna Pedrey	_ _{at (} 863 840-1	637
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courler Address Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Advance Services, LLC					
	ny, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")			
ARTICLE II - Address:					
The mailing address and street address	of the principal office of the Limited Lia	bility Company is:			
Principal Office Address:	Mailing Address:				
1140 NW 48 Place	1140 NW 48 Place				
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's own Registered Agent. You must designate an individ	Signature: ual or another			
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individ	ual or another			
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	own Registered Agent. You must designate an individ	ual or another			
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individ	ual or another 05 NOV -2 SECHE JARY FILLAHASSE			
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individe of the registered agent are: Name	ual or another 05 NOV -2 SECHE JARY FILLAHASSE			
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Donna Pedrey 1140 NW 48 F	own Registered Agent. You must designate an individe of the registered agent are: Name	ual or another 05 NOV -2 SECHE JARY FILLAHASSE			
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Donna Pedrey 1140 NW 48 F	own Registered Agent. You must designate an individe of the registered agent are: Name Place street address (P.O. Box NOT acceptable)	ual or another			

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 (REQUIRED)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGR) (" = Naming Manager	Name and Address:
"MGRM" = Managing Member Owner	Donna Pedrey 1140 NW 48 Place Deerfield Beach, FL 33064
	SECR TALLAH
	SECRETARY OF STATLAHASSEE FLORE
(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date mus days after the date of filing.)	the date of filing: 11/01/05 . (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mer	mber or an authorized representative of a member.
(In accordance with of this document co	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
Donna Pedre	Typed or printed name of signee

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)