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(Business Entity Name)
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Certified Copies Certificates of Status
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rick's Services	
(Name of Limited Liability Compa	ny)
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rick Hughes (Name of Person)	
(Name of Person)	
Rick's Services (Firm/Company)	
(1 mir company)	
1869 Rodeo Court (Address)	
(Additss)	
TAll Florida 32311	7Ag 2
(City/State and Zip Code)	
	HA. HA.
For further information concerning this matter, please call:	DEC 23 PRETARY AHASSE
0 6 11 1	
Kick Hughes at (850)	20 47 87 FS 22 & Daytime Telephone Number) RR 22 34
(Name of Person) (Area Code	& Daytime Telephone Number)
	DA 34
Enclosed is a check for the following amount:	·
\$\sqrt{125.00 Filing Fee} \text{ \$\sqrt{130.00 Filing Fee} & \$\sqrt{2 \sqrt{155.00 F}}  Certified Copy (additional copy is	Certificate of Status &
(wooding oop)	(additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street/Courier Address

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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Rick's Services	LLC	
(Must end with the words "Limited Liability Company, "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 Liability Company is:		
Principal Office Address:	Mailing Address:	
1869 Rodeo Court	1869 Rodeo Court TAIL Fla 32311	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Richard P Hoo  Name  IBB9 Rodes  Florida street addr  TAIL Licu  City, State, an	red Agent. You must designate an individual Afforther CRETARY OF STATE OF S	

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)

## The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.) Typed or printed hame of signee

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

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)