## - LOCOCO 30046

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-I	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructio	ns to Filing Officer:
	1

Office Use Only



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SECRETARY OF STATE

MAR 20 AM 11: 21

## **COVER LETTER**

	tion Section of Corporations		
SUBJECT: Se	erview Industries (Name of Limited Liabil	lity Company)	_
	icles of Organization and fee(s) are submitte	-	
Please return all	correspondence concerning this matter to the	following:	
<u>John</u>	Marron		
	(Name of	f Person)	
	(Firm/Co	ompany)	1.0
5300	N Federal Highway		一路 五
	(Add	ress)	器口柜
Fort I	_auderdale Florida 333	08	OF MAR 20 AM II: 21
	(City/State ar		
For further inform	nation concerning this matter, please call:		
John Marr	on at (9	54 , 489-3932	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a cl	neck for the following amount:		
\$125.00 Filin	Certificate of Status Certi	155.00 Filing Fee & Stood Stified Copy (additional copy is enclosed) Stood Certified Copy (additional copy is	atus &
	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:** 

Serview Industries LLC	
(Must end with the words "Limited Liability Compar	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	f the principal office of the Limited Liability Company is
Principal Office Address:	f the principal office of the Limited Liability Company is  Mailing Address:  5300 N Federal Highway  Fort Lauderdale Florida 33308
5300 N Federal Highway	5300 N Federal Highway
Fort Lauderdale Florida 33308	Fort Lauderdale Florida 33308
ADDICT E III D	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Name
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  John Marron  5300 N Federal	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Name
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  John Marron  5300 N Federal	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Name  Highway

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGR MGR	John Marron 5300 N Federal Highway Fort Lauderdale Florida 33308
	TALLOT A
	OS MAR 20 AM 11: 21 SECRETARY OF STATE TALLAHASSEE FLORIS
(Use attachment if necessar ARTICLE V: Effective date, if oth	y) = /11/10
(If an effective date is listed, the date or 90 days after the date of filing	te must be specific and cannot be more than five business days prior
REQUIRED SIGNATUR	E:
(In accorda of this doc	of a member or an authorized representative of a member.  ance with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury facts stated herein are true.)

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)