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(Rec	juestor's Name)			
(Add	ress)			
(Address)				
(City	/State/Zip/Phone	e #)		
PICK-UP	· WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Jen/a

## **COVER LETTER**

TO:	Registration Se Division of Cor				
SURT	ECT. E&SS	Services, LLC			
BCD4			d Liability Company)		
The en	iclosed Articles of	f Organization and fee(s) are si	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	Stephanie i	Brown	•		
	Otophanie		Name of Person)		
	(Firm/Company)				
	2969 Nortl	hside Drive			
			(Address)		
	Lake Wort	h, Florida 33462			
n <del>g</del> y ji	man in the second	(City,	(State and Zip Code)		
For fu	rther information	concerning this matter, please		* • • • • • • • • • • · · · · · · · · ·	
Cton	hania Duarre		EG4 744.070		
Stephanie Brown (Name of Person)		at (561 ) 714-373	elephone Number)		
E. J.	. 1: 1 1 6				
_		or the following amount:	_	_	
<b>L</b> \$12.	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:	•				
E & S Services, LLC	Company of the abbasistics with Company of the				
(Must and with the words "Limited Lishility Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:				
Principal Office Address;	Malling Address:				
2969 Northside Drive	2969 Northside Drive				
Lake Worth, Florida 33462	Lake Worth, Florida 33462				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Umited Liability Company capute as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:					
Stephanie Brown					
Name Name					
2969 Northelde Drive	·				
	ress (P.O. Box <u>NOT</u> acceptable)				
Lake Worth,	F) 33462				
City. State, sa	nd Zip				
liubility company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	coept service of process for the above stated limited his certificate, I hereby accept the appointment as to I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for In Chapter 608, F.S.				
Obto	A CO O O O				
Regintered Agent a Signatu  (CONTINU  Page 1 of 2	JUN 13 A				

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MOR" = Manager "MGRM" - Managing Member MGR Stephanie Brown 2969 Northalda Drive Lake Worth, Florida 33462 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_ (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 STONATURE: Signapare of Desember 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.) Stephanie Brown Typed or printed name of signee Filing Feen: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

5 5.00 Certificate of Status (Optional)