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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
DIVISION OF COSSORATION

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT: South	East Appliance Servic	e, LLC		
			d Liability Company)		
The end	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
		condence concerning this matte	_		
		-	To the following:		
	James J.`T				
		(Name of Person).		
,	South Eas	t Appliance Service,	LLC		
		. (Firm/Company)		
•	901 Intrac	oastal Drive #10			
-			(Address)	· · · · · ·	
1	Fort Laud	erdale, Florida 3	3304		
-			/State and Zip Code)		
For furt	her information	concerning this matter, please	call:		
Jame	s J. Taylor		at (877) 97	71-1070)
•	(Name	e of Person)	at (877) 97 (Area Code & E	Daytime Te	lephone Number)
Enclose	ed is a check fo	or the following amount:			
.		\$130:00 Filing Fee &		F 0	
M \$125.	oo riiing ree	Certificate of Status	Certified Copy (additional copy is enc		Certificate of Status & Certified Copy (additional copy is enclosed)
					•
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration Se Division of Co Clifton Buildi 2661 Executiv	ection orporation ng /e Center (s
			Tallahassee, F	L 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

South East Appliance Service, LLC (Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "L.C	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:	
901 Intracoastal Drive #10	P.O. Box 5905	
Fort Lauderdale, Florida 33304	Lighthouse Point, Florida 33074	
	egistered Office, & Registered Agent's Signa	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or a	another DIVISE
	own Registered Agent. You must designate an individual or a solution of the registered agent are:	another DIVISE
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or a	SECRETARY DIVISION OF CO
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres James J. Taylor 901 Intracoastal D	own Registered Agent. You must designate an individual or a so of the registered agent are: Name rive #10	SECRETARY OF DIVISION OF CORP
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres James J. Taylor 901 Intracoastal D	own Registered Agent. You must designate an individual or a so of the registered agent are: Name	SECRETARY OS SI DIVISION OF CORPOR!
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres James J. Taylor 901 Intracoastal D	own Registered Agent. You must designate an individual or a so of the registered agent are: Name rive #10	SECRETARY 95 DIVISION OF CORP

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:

<u>Title:</u> "MGR" = Man "MGRM" = M	nager anaging Member	Name and Address:
MGR		James Taylor 901 Intracoastal Dr. Ft. Lauderdale, FL 33304
		-
		
effective date is l	e date, if other than the listed, the date must be	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p
CLE V: Effectiv	re date, if other than the listed, the date must be date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p
CLE V: Effective flective date is longer the	re date, if other than the listed, the date must be date of filing.) SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days p for or an authorized representative of a member.
CLE V: Effective flective date is longer the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)