

LO7000056293

JUSTIN M. SPILLERS

(Requestor's Name)

242 W.B. ROGERS RD.

(Address)

(Address)

TALLAHASSEE FLA 32304

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

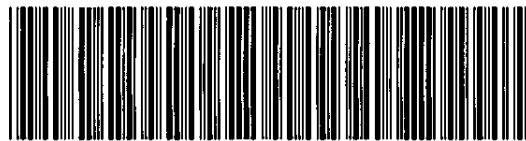
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600102735916

05/29/07--01012--016 **125.00

RECEIVED

07 MAY 29 AM 11:41

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 MAY 29 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXCELLENCE COMMERCIAL & RESIDENTIAL 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:

242 W.B. ROGERS RD.
TALLAHASSEE FL 32304

Mailing Address:

242 W.B. ROGERS RD.
TALLAHASSEE FL 32304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

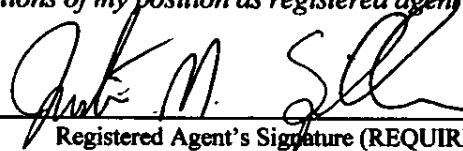
The name and the Florida street address of the registered agent are:

JUSTIN MICHAEL SPILLERS
Name

242 W.B. ROGERS RD.
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32304
City, State, and Zip

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

FILED
07 MAY 29 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

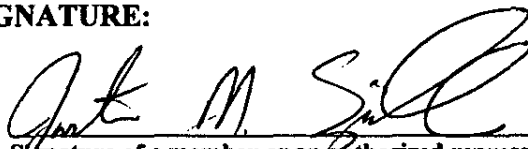
MGRM

JUSTIN MICHAEL SPILLERS
242 W.B. ROGERS RD
TALLAHASSEE FL 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 25, 2007 (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.)

JUSTIN M. SPILLERS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 29 AM 11:48

FILED

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)