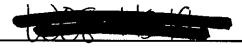
(Requestor's Name)
(
(Address)
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(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Hamby
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

OCT -82008

**EXAMINER** 



Office Use Only



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## , COVER LETTER

LLC

TO:

**Registration Section** 

Division of Corporations
SUBJECT: SES APPLIANCE BEPAIR & SENICES,
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FURSESTA GRAHAM
(Name of Person)
SES APPLIANE BEPAIR & Services
(Firm/Company)
13475 Sw 9th St Ste 406A
(Address)
Pembroke Pines Pla 33027
(City/State and Zip Code)
For forther information concerning this matter places calls
For further information concerning this matter, please call:
TURESTA GROBAM at 754-246-1521
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32311



September 24, 2008

FURSESTA GRAHAM 13475 SW 9TH STREET, STE. 406A PEMBROKE PINES, FL 33027

SUBJECT: SES APPLIANCE REPAIR & SERVICES, LLC

Ref. Number: W08000044349

We have received your document for SES APPLIANCE REPAIR & SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 23, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 208A00051414

Leslie Sellers Regulatory Specialist II

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

SES APPLIANCE REPAIR & Services	S, LL	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address:	7	
The mailing address and street address of the principal office of the Limited Liabili  Principal Office Address:  Mailing Address:	ty Compa	ny is:
13475 SW 9th St Ste # 406A SP	me	<b>-</b>
FLA: 33027		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)		
The name and the Elerida street address of the registered agent are:		
13475 Sw 94 SF # 406A		
Florida strenaddress (P.O. Box NOT acceptable)  Morohe mes FL 33027  City, State, and Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appreciatered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my dulies, and I am fan accept the obligations of my position as registered agent as provided for in Chapt	pointment provisions niliar with	as of all and
Registered Agent's Signature (REQUIRED)	SEC	080
	AHASSEE	CT -8 A
(CONTINUED) Page 1 of 2	FLORI	₩ 8: I

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	Name and Address:
"MGRM" = Managing Member  MGRM" = Managing Member	FUYSCSTA GRAHAM 13475 SW 915 St. # 406A Dembroise Dins, Cl. 3302;
MBR	MILDRED WILLIAMS GRAHAMS 13475 SW 945 SF # 406 A Dembroke Pins, 70. 33027
(Use attachment if necessary)	10/10/02
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	the date of filing: 15/3008. (OPTIONAL) the specific and cannot be more than five business days prior

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

the facts stated berein are true.)

Typed or printed name of signee

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)

Page 2 of 2