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# **COVER LETTER**

TO:		ation Section n of Corporation	
SUBJE	ECT:	The Expediter, General Home Services "LLC" (Name of Limited Liability Company)	
The en	closed Art	ticles of Organization and fee (s) are submitted for filling.	
Please	return all o	correspondence concerning this matter to the following:	
	SYLVIA	A E. PENALOZA (Name of Person)	
	The Ex	pediter, General Home Services "LLC" (Firm/Company)	
	3700 A	Arnold RD. (Address)	
	Ft. Pier	rce, Florida 34981 (City/ State/ and Zip Code)	
For Fur	ther infor	nation concerning this matter, please call:	
Nelson	ı Penalo	za at (772) 465-9593 (Name of Person) (Area Code & Datetime Telephone Number)	
		a check for the following amount:  ling Fee \$\sum_\$130.00 Filing Fee & \$\sum_\$\$155.00 Filing Fee & \$\sum_\$\$\$ \$\$160.00 Filing Fee,  Certificate of Status \$\$  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Mailing Address Registration Section Division of Corporations  Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name

The name of this Limited Liability Company is:

### THE EXPEDITER, General Home Services, "LLC"

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### **Principal Office Address:**

3700 Arnold Rd. Ft. Pierce, Florida 34981.

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

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

SYLVIA E. PENALOZA

Name

3700 Arnold Rd.

Florida street address

Ft. Pierce, Florida 34981

City, State, and Zip

Having been named as registered agent and to accept services 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

ARTICLE IV - Manager(s) or Managing Member(s)
The name and address of each Manager or Managing is as follows:

Title:	Name and Address:
"MGR" = Mana	
"MGRM" = Mai	aging Member
"MGR"	NELSON E. PENALOZA
	3700 Arnold Rd. Ft. Pierce, Florida 34981
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ARTICLE V: E	fective date, if other than the date of filling (OPTIONAL)
(II an effective (	ate is listed, the date must be specific and cannot be more than five business 0 days after the date of filling.)
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	ASS TO
	(In accordance with section 608.408(3), Florida Statutes, the execution
	of this document constitute an affirmation under the penalties of perjury that the facts started herein are true.)
	, and the second

Nelson E. Penaloza