

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

services performed, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE
AUG 07 2009
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help.

https://efile.sunbiz.org/scripts/efilcovr.exe

.8/6/2009

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is:				
SERVICES PERFORMED. LLC	1			
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company	is:		
Principal Office Address:	Mailing Address:			
20201 E. COUNTRY CLUB DRIVE, #2504	SAME			
AVENTURA, FL 33180				
ARTICLE III - Registered Agent, Registered Office, & Ro	-			
JARED MARGOLIS Name		SECRETA TALLAHAS	09 AUG -	
20201 E. COUNTRY CLUB DRIVE, #2504	<u>. </u>	XXY (9	
Florida street address (P.O. Box NOT accept	able)	OF ST	AM 8:	
AVENTURA, FL 33180 City, State and Zip	*	ROA	57	_
Having been named as registered agent and to accept service liability company of the place designated in this certificate, I registered agent and agree to act in this capacity. I further a statutes relating to the proper and complete performance of the obligations of my position as registered agent as provided Registered Agent's Signature	Thereby accept the appointment as gree to comply with the provisions my duties, and I am familiar with a lin Chapter 608, F.S.	of all	ıpı	

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08\0e\5000 Iq:08 302633666 EMPIRE CORP KIT

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<u>Title</u> : "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	JARED MARGOLIS	
	20201 E. COUNTRY CLUB DRIVE, #2504	•
	AVENTURA, FL 33180	
	7AE 09	
	CRET	_
(Use attachment if necessary)	TAR ASS	F
NOTE: An additional article must be added	d if an effective date is requested.	'n
REQUIRED SIGNATURE:	COR STA CE COR	
Tuk	Harry Dr. 3	
Signature of member	or an authorized representative of a member	
(In accordance with section 608.408(3), I affirmation under the penalties of perjury	Florida Statutes, the execution of this document constitutes an that the facts stated herein are true.)	
	1 Margolit nted name of signee	
Typed or prin	nted name of signee	
Filing Fees:		
\$125.00 Filing Fee for Articles of Organization \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	on and Designation of Registered Agent	
	16-222105	
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