

L09000088888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

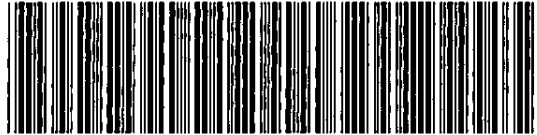
Special Instructions to Filing Officer:

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SEP 15 2009

EXAMINER

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2009 SEP 14 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABSOLUTE RESULTS L.L.C.
Name of Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DWAIN E. CAPECE / PRISCILLA A. CAPECE
Name of Person

ABSOLUTE RESULTS L.L.C.
Firm/Company

6760 NW 22 STREET
Address

MARGATE, FLORIDA 33063
City/State and Zip Code

PRISCILLA.CAPECE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DWAIN CAPECE (954) 934 4333
PRISCILLA CAPECE at (561) 929 0160
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABSOLUTE RESULTS L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6760 NW 22 STREET
MARGATE, FLORIDA
33063

Mailing Address:

6760 NW 22 STREET
MARGATE, FLORIDA
33063

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:

PRISCILLA A. CAPECE
Name

6760 NW 22 STREET
Florida street address (P.O. Box NOT acceptable)

MARGATE FL 33063
City, State, and Zip

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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.

Priscilla A. Capece
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

DWAIN E. CAPECE
6760 NW 22 STREET
MARGATE, FL 33063

MGR

PRISCILLA A. CAPECE
6760 NW 22 STREET
MARGATE, FL 33063

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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ARTICLE V: Effective date, if other than the date of filing: _____. (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:

Dwain E. Capece
Priscilla A. CAPECE

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.)

PRISCILLA A. CAPECE
Typed or printed name of signee

Filing Fees:

DWAIN E CAPECE

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)