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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OFFICESERV, LLC

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:

JULIE GRUS	HOFF						
		Name of Person	on			•	_
OFFICESER\	/, LLC				ţ		
		Firm/Compan	ıy				
1448 NE 53R	O COURT						
		Address					
FT. LAUDER	DALE, FL 33334						
	Cit	ty/State and Zip	Code				
HOOLIEPI@A							
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					SECRE TALLAHA	2010 MAR	
JULIE GRUSHOFF		_ at (_954	351-30	05		SSA	-8
Name	of Person		Code & Daytime	Telepho	one Number	OF S	2
Enclosed is a check for	or the following amount:					ORIC	2: 06
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & d Copy d copy is enclosed	d) (160.00 Filit Certificate o Certified Co additional cop	f Status py	&

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 Compar	ny is:			
OFFICESERV, LLC				
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Li	ability Co	mpany	y is:
Principal Office Address:	Mailing Address:	•		
1448 NE 53RD COURT	1448 NE 53RD COURT			
FT. LAUDERDALE, FL 33334	FT. LAUDERDALE, FL 33334			
·	Registered Agent. You must designate an individual the registered agent are:			STATE OF THE PARTY
1448 NE 53RD COUF		in c	7	m
FT. LAUDERDALE	ret address (P.O. Box NOT acceptable) FL 33334 ity, State, and Zip)F STATE .FLORIDA	1 2: 06	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept the pacity. I further agree to comply with the tele performance of my duties, and I an	ne appoint n the provi n familiar	ment as sions o with a	s of all nd

(CONTINUED)
Page 1 of 2

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	DJJL HOLDINGS, LLC
	1448 NE 53RD COURT
•	FT. LAUDERDALE, FL 33334
	th or Ph
(Use attachment if necessary)	
(Obe anacimient if necessary)	
•	ALL CONTROLLA
LE V: Effective date, if other than	n the date of filing: MARCH 1, 2009 . (OPTIONAL
CLE V: Effective date, if other that ffective date is listed, the date mu	n the date of filing: MARCH 1, 2009 . (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other that ffective date is listed, the date mu	ust be specific and cannot be more than five business days
CLE V: Effective date, if other that ffective date is listed, the date multiple days after the date of filing.)	ust be specific and cannot be more than five business days
CLE V: Effective date, if other that ffective date is listed, the date mu	ust be specific and cannot be more than five business days LLAHASSEE AHASSEE
CLE V: Effective date, if other that ffective date is listed, the date must days after the date of filing.)	ust be specific and cannot be more than five business days ALLAHASSEE, FL ALLAHASSEE, FL
CLE V: Effective date, if other that ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days LLAHASSEE, FLOR 2:
CLE V: Effective date, if other that ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a m	ember or an authorized representative of a member.
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance won of this document	ember or an authorized representative of a member. Ember of an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a must discordance would be designed to the document of this document.	ember or an authorized representative of a member. Embers of a member.

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)