# L10000030533

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
,	•	
(6)	hulChaha (Zim (Dhama	- <del> </del>
(Cil	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
,	•	,
(5.		
(L)O	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Opeoial instructions to	r imig Omcer.	
		1
		1

Office Use Only



800172294878

03/19/10--01018--025 \*\*125.00

DEPART OF LAKE DIVISION OF SCHPLANTIONS TALL ARESSEE, FLORIDA

RECEIVED
10 MAR 19 PM 1:56

SECRETARY OF STATE ALLAHASSEE, FLORID,

FILED

C. LEWIS

MAR 1 9 2010

EXAMINER

### COVER LETTER

TO: Registration Division of C			
SUBJECT:		crete Service ted Liability Company	LLC
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Phillip Ro	Nam of Person	
<del></del>		Firm/Company	
79)	10 Kerry Form	st Pkwy D4-	104
To	llahassee	FI 72309	
		ty/State and Zip Code  Comcast. com  for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
Ph://y	Roager of Person	at (	77 Phone Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	Street/Courier Address Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	ircle .

## FILED

10 MAR 19 PM 2: 08

# SECRETARY OF STATE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABITATION FOR FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Co	S LLC ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is
Principal Office Address:	ailing Address:
2910 Kerry forres + PKwy D4-104 Tall #1 32709	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered abusiness entity with an active Florida registration.)	
The name and the Florida street address of the regist	ered agent are:
Phillip Rodges	
6472 Dald Ve Florida street address	P.O. Box NOT acceptable)
Tall H F FL City, State, as	<u> </u>

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

# FILED

10 MAR 19 PM 2: 08

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

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  President	Phillip Rodgers 2910: Kerry Farrest PKWY DY-104
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing: 3-19-16. (OPTIONAL)  It be specific and cannot be more than five business days prior
(In accordance with of this document co	pher or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury
that the facts stated	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)