

L1000010/928

(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:

W.A. 395116
LUNT

SEP 29 2010

EXAMINER

Office Use Only



500184529415

Rt. Chk.

09/23/10 --01009--014 **150.00

09/13/10--01003--001 **165.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 28 PM 3:09

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2010

ERROL GORDON
4802 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

SUBJECT: ACOSTA GENERAL SERVICES, LLC
Ref. Number: W10000039916

We have received your document for ACOSTA GENERAL SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 010A00020301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2010

ERROL GORDON
4802 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

SUBJECT: ACOSTA GENERAL SERVICES, LLC
Ref. Number: W10000039916

Memo #: 01240-E

This letter is to inform you that your check number 0082 for \$150.00, which was dated August 19, 2010 and submitted for ACOSTA GENERAL SERVICES, LLC has been returned to us by your bank because of UNABLE TO LOCATE ACCOUNT.

We are notifying you because our records indicate that the paperwork for ACOSTA GENERAL SERVICES, LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of ~~\$165.00~~, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
~~Attn: AGNES LUNT~~
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan
Administrative Assistant II
Bureau of Commercial Recording

Letter Number: 610A00021094

Acosta General Services, Inc
361 NW 36 Street
Pompano Beach, FL 33064

09/07/2010

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref. Making company name available for anyone

Ladies & Gentlemen:

Please make the name ACOSTA GENERAL SERVICE INC available for use by anyone ^{for} ~~to use~~.

Thank you

Francisco Reyes
Francisco Reyes, Vice President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A COSTA GENERAL SERVICES, 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:

ERROL GORDON

Name of Person

COMPUTAX BUSINESS SOLUTIONS, INC

Firm/Company

4802 W. COMMERCIAL BLVD

Address

TAMARAC, FL 33319

City/State and Zip Code

errol@yourvisionary.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERROL GORDON

Name of Person

at (754) 246 0542

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACOSTA GENERAL SERVICES, LLC

(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:

361 NW 36th ST.
POMPANO BEACH,
FL 33064

Mailing Address:

361 NW 36th ST.
POMPANO BEACH, FL 33064

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:

FRANCISCO REYES

Name

361 NW 36th ST.

Florida street address (P.O. Box **NOT** acceptable)

POMPANO BEACH, FL 33064

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Francisco Reyes

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:

MGRM

FRANCISCO REYES
361 NW 36th ST.
POMPANO BEACH, FL 33064

MGRM

JAI ME ACOSTA
361 NW 36th ST.
POMPANO BEACH, FL 33064

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

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:

FRANCISCO REYES

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.)

FRANCISCO REYES

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)