## 11000058252

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone	#)		
PICK-UP WAIT	MAIL		
(Business Entity Name	e)		
(Document Number)			
Certified Copies Certificates of	of Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO:	Registration Section Division of Corporation	15			
SUBJE	SUBJECT: Absolute Property Services, LLC  Name of Limited Liability Company				
	closed Articles of Organiza		-		
Please	eturn all correspondence of	concerning this mat	ter to the following:		
Jamey Collert  Name of Person					
			77. 10		
			Firm/Company		
	217 Christmas Tree	Lane			
			Address		
P	anama City Beach,	<del></del>	y/State and Zip Code		
\$	absolutepropertyserv		•		
2	E-mail	address: (to be used	for future annual report i	notification)	
For furt	her information concerning	g this matter, pleas	e call:		
Jamey	/ Collert		_at (850 ) 2	233-9828	
<del></del>	Name of Person			Daytime Tele	phone Number
Enclose	ed is a check for the follo	owing amount:			
\$125.00		D Filing Fee & icate of Status	\$155.00 Filing I Certified Copy (additional copy is	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	Address ation Section of Corporations ox 6327 ssee, FL 32314	Street/Couri Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center C	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2011

JAMEY COLLERT 217 CHRISTMAS TREE LANE PANAMA CITY BEACH, FL 32413

SUBJECT: ABSOLUTE PROPERTY SERVICES, LLC

Ref. Number: W11000022742

We have received your document for ABSOLUTE PROPERTY SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 911A00009878

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Absolute All Property Services, LLC  (Must end with the words "Limited Liability	by Company "I I C " or "I I C ")		_	
(Must end with the words - Littilled Likotti	ly Company, E.E.C., or CCC.			
ARTICLE II - Address:	nainal affice of the Limited Li	ahilitu 1	Comr	sany ia
The mailing address and street address of the pri	ncipal office of the Entitled Li	aumity v	Comp	raily 15.
Principal Office Address:	Mailing Address:			
217 Christmas Tree Lane Panama City Beach, FL 32413	217 Christmas Tree Lane Panama City Beach, FL 32	2413	_	
		_	<del>-</del>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	ered Agent. You must designate an indiv			
Caitlynn Waring				
Name				
217 Christmas Tree Lane				
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)			
Panama City Beach,	FL,32413			
City, Sta	te, and Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	nis certificate, I hereby accept the I further agree to comply with formance of my duties, and I an	he appoi the pro n famili	i <mark>ntm</mark> ei visioi ar wii	nt as ns of all th and
Registered Agent's Signatu	a re (REQUIRED)	SECRETAR) TALLAHASS	11 MAY 16	
(CONTINU	J <b>ED)</b>	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	PH	m
Page 1 of 2		NOT.	i i	D

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgrm	Jamey Collert 217 Christmas Tree Lane Panama City Beach, Florida 32413
mgrm	James Branson 1991 South El Centro Court Columbia, Missouri 65201
(Use attachment if necessary)	
	e date of filing: (OPTIONAL)  De specific and cannot be more than five business days prio
Signature of a memb	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)
Jamey Collert	
T	yped 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)