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(Requestor's Name)				
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C. LEWIS

JUN 2 9 2011

EXAMINER

COVER LETTER

Registration Se		-24	•
SUBJECT:	Proficiency Name of Limited	Services Liability Company	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KayHana	Taylor	
	Proficiency ;	Jaylor Jame of Person Services Ital. Firm/Company	<u> </u>
1340	NE 176 th S	Address	
N	orth Miami City/s	Beach F1. 33 State and Zip Code	162
	Proficience Service E-mail address: (to be used for	s@amail-Com future gunual report notification)	
For further information co	oncerning this matter, please c	all:	
<u>Kay Nana</u> Name of	Taylor :	at (<u>786</u>) <u>985 12</u> Area Code & Daytime Tele	PLF phone 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)	Certificate of Status &
	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	ny is:
	rvices II.C. Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1340 NE 192th St North Mami Beach Fl. 33167	1340 NE 176th St. North Miami Beach Fl. 33162
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Kayklana	Taylor SSEE TO A
1340 NE 176°	4h St 5
Florida stre	eet address (P.O. Box NOT acceptable)
N.W.B	FL. 33/62
Ci	ty, State, and Zip

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)

FILED

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

The name and address of each Manager or Managing Member is as follows 26 1 JUN 28 AM D3 16

<u>Title:</u> "MGR" = Manager	Name and Address:	JAMETARY DE STATES MELENHASSEE FLORIDA
"MGRM" = Managing Member	Kayklana Tai	ilon
Manager	Kayklana Tau 1340 NE 176th . North Miami Ber Fl. 33162	St. ach
Marm	Alexi Martii 18530 NE 22 Miami Fl. 3	Ave
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: <u>June 26,</u> e specific and cannot be more the	2011 (OPTIONAL) han five business days prior
REQUIRED SIGNATURE:		

Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kay Nana Tay lor
Typed or printed hame 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)