L11000130343

(Requestor's Name)	-
(Address)	- .
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	11/14
(Document Number) Certified Copies Certificates of Status	-
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G. MCLEOD

NOV 17 2011

EXAMINER



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SECRETARY OF STATE
ALL AHASSEF, FLORID

G. MCLEOD

NOV 16 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: ACE	Government Serv	rices, L.L.C	
		ed Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
Anthony	/ DiStaso		
		Name of Person	
ACE Go	vernment Service	s, L.L.C.	
		Firm/Company	
4704 Kii	nross Court		
		Address	
Valrico, F	lorida 33596		
		y/State and Zip Code	
acegoverr	nmentservices@verizo	n.net or future annual report notification)	
		•	
For further information	on concerning this matter, please	e call:	
Anthony DiStas	sio	at (813) 684-8730	
Nam	ne of Person	Area Code & Daytime Telephone Number	_
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
	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 Limit	ted Liability Company is:		
	nent Services, L.I		
ARTICLE II - Address a		ncipal office of the Limited Lia	ability Company is
Principal Office Add	ress:	Mailing Address:	
4704 Kinross Court Valrico, FL 33596		4704 Kinross Court Valrico, FL 33596	
	any cannot serve as its own Registe	Office, & Registered Agent's red Agent. You must designate an individual	
The name and the Flor	rida street address of the re	gistered agent are:	<i>(</i>
A	nthony DiStasio		A
	Name		LAHASSE INDVILL
47	704 Kinross Cou	rt	SSE
		ess (P.O. Box <u>NOT</u> acceptable)	3
Va	alrico	_{FL} 33596	
	City, Stat	e, 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 (REOUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Anthony DiStasio 4704 Kinross Court Valrico, Florida 33596 (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:** 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. 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.) Anthony DiStasio Typed or printed name of signee Filing Fees:

سۇ.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)