## L/2000012409

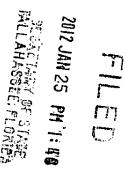
| (Requestor's Name)   |
|--|
| (Address)  |
| (Address)  |
| (City/State/Zip/Phone #)                                       |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)   |
| (Document Number)  |
| Certified Copies Certificates of Status                        |
| Special Instructions to Filing Officer:                        |
| Special Instructions to Filing Officer:  A. LUNT  JAN 2 6 2011 |
| JAN <b>2 6</b> 2011  |
| EXAMINER   |

Office Use Only



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December 30, 2011

CAROLYN HUGHES P.O. BOX 816 ONECO, FL 34264

SUBJECT: AT YOUR SERVICE, LLC

Ref. Number: W11000064532

We have received your document for AT YOUR SERVICE, LLC and your check(s) totaling \$155.00. 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." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L02000019899.

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: 311A00029028

## **COVER LETTER**

| Division of            | on Section<br>Corporations  |   |  |   |              |          |        |
|------------------------|---|---|--|---|--------------|----------|--------|
| SUBJECT: CL            | & L Home Service  | s, LLC  |  |   |              |          |        |
|                        |   | ed Liability Compa                                  | iny  |   |              |          |        |
| The enclosed Article   | es of Organization and fee(s) are   | submitted for filing                                | ļ,   |   |              |          |        |
| Please return all corn | espondence concerning this matt   | er to the following                                 | :  |   |              |          |        |
| Carolyr                | n Hughes  |   |  |   |              |          |        |
| <u> </u>               |   | Name of Person                                      | <del></del>  |   |              |          |        |
| CL&L                   | . Home Services, L  | LC  |  |   |              |          |        |
|                        |   | Firm/Company  | <u> </u>   |   |              |          |        |
| РО ВО                  | X 816   |   |  |   |              |          |        |
| <del> </del>           | •   | Address   |  |   | Fa           | 201      |        |
| Oneco. F               | L 34264   |   |  |   |              | 1012 JAN |        |
| <u> </u>               |   | y/State and Zip Code                                |  | <del></del>   | 25           | N 2:5    | Ī      |
| hughec1                | @yahoo.com  |   |  |   | 第三           |          |        |
|                        | E-mail address: (to be used f   | for future annual repo                              | rt notification)   |   | 71 S         | <u> </u> | (<br>[ |
| For further informat   | ion concerning this matter, please  | e call:   |  |   |              |          | 176    |
| Carolyn Hugh           | es  | _ at ( 941  | 780-1465   |   | 2>.<br>C0843 | <b>©</b> |        |
| Name of Person         |   | Area Code   | & Daytime Telep  | phone Number  |              |          |        |
| Enclosed is a chec     | k for the following amount:   |   |  |   |              |          |        |
| \$125.00 Filing Fee    | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filin<br>Certified Cop<br>(additional copy | ру   | \$160.00 Fi<br>Certificate<br>Certified C<br>(additional co | of Status    | s &      |        |
|                        | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati<br>Division<br>Clifton B<br>2661 Exe     | ourier Address<br>on Section<br>of Corporations<br>uilding<br>ecutive Center C<br>ee, FL 32301 |   |              |          |        |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa                       | ıny is:  |  |  |  |
|---|--|--|--|--|
|   | CL&L Home Services, LLI  |  |  |  |
| (Must end with the words "Limite  | d 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:   | Mailing Address:   |  |  |  |
| 9808 Sweetwater Avenue<br>Bradenton, FL 34202                                   | PO Box 816<br>Oneco, FL 34264  |  |  |  |
|   | stered Office, & Registered Agent's Signature; n Registered Agent. You must designate an individual of another fithe registered agent are: |  |  |  |
| Carol Scarbrough  |  |  |  |  |
|   | Name Sign at C   |  |  |  |
| 340 Gulf of Mexico Drive #115  Florida street address (P.O. Box NOT acceptable) |  |  |  |  |
| Florida st  | reet address (P.O. Box NOT acceptable)   |  |  |  |
| Longboat Key  | <sub>FL</sub> 34228  |  |  |  |
| (   | City, 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 (REOLIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Carolyn Hughes PO Box 816 Oneco, FL 34264 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: <u>01-03-2012</u> . (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.)

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)