

L12VVVV699218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

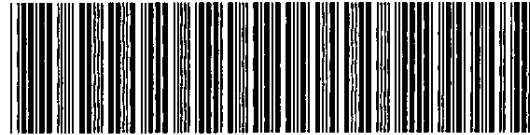
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AUG - 3 2012

EXAMINER



300237546553

07/19/12--01016--001 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 31 AM 8:48



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2012

ARIEL RUIZ
300 N.W. 42ND AVE., APT. 811
MIAMI, FL 33126

SUBJECT: HC SERVICES
Ref. Number: W12000038519

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 31 AM 8:48

We have received your document for HC SERVICES 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is HC SERVICES, INC. -- Document Number P06000090087.

Again, please be sure that the new name you select ends with a suffix. It must end with LLC, L.L.C., or the words LIMITED LIABILITY COMPANY.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 312A00019287

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **HCTS 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:

ARIEL RUIZ

Name of Person

HCTS SERVICES, LLC

Firm/Company

300 NW 42ND AVE APT 811

Address

MIAMI FL, 33126

City/State and Zip Code

RUIZVEGA@YMAIL.COM

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

For further information concerning this matter, please call:

ARIEL RUIZ

Name of Person

at (**305**) **807-2108**

Area Code & Daytime Telephone 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) ☐ \$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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12 JUL 31 AM 8:48

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HCTS 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

Principal Office Address:

300 NW 42ND AVE APT 811
MIAMI FL 33126

Mailing Address:

300 NW 42ND AVE APT 811
MIAMI FL 33126

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:

ARIEL RUIZ

Name

300 NW 42ND AVE APT 811

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

MIAMI

FL 33126

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..

/s/ ARIEL RUIZ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
12 JUL 31 AM 8:46

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:

MGR

ARIEL RUIZ

300 NW 42ND AVE APT 811

MIAMI FL 33126

MGRM

ARIEL RUIZ

300 NW 42ND AVE APT 811

MIAMI FL 33126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~7/15/2012~~ (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:

/s/ ARIEL RUIZ

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.)

ARIEL RUIZ

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)