L12000107417

_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 2 1 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: York Services, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Amber Lynch
(Contact Person)

Amber Lynch dba York Services
(Firm/Company)

8500 Kingbird Loop #826
(Address)

Fort Myers, FL 33967
(City, State and Zip Code)

yorkserv@aol.com
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Amber Lynch _____ at (239) 210-1439
(Name of Contact Person) _(Area Code and Daytime Telephone Number)_

Enclosed is a check for the following amount:

☐ $150.00 Filing Fees ($25 for Conversion & $125 for Articles of Organization) ☐ $155.00 Filing Fees and Certificate of Status ☐ $180.00 Filing Fees and Certified Copy ☑ $185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

York Services, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8500 Kingbird Loop #826

Fort Myers, FL 33967

Mailing Address:

same

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:

Nichole Wherry

Name

20916 Island Sound Circle #106

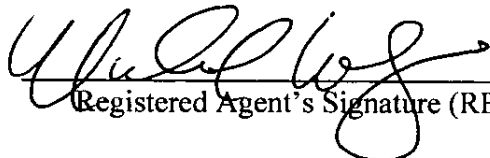Florida street address (P.O. Box **NOT** acceptable)

Estero   FL 33928

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 (REQUIRED)

(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   Amber Lynch
                                                     8450 Kingbird Loop #422
                                                     Fort Myers, FL 33967

MGRM   Cody Lynch
                                                     8450 Kingbird Loop #422
                                                     Fort Myers, FL 33967

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: **08/17/2012**   .
                                                          (OPTIONAL)
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

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.)

Amber Lynch
_____
Typed or printed name of signee

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