

L12000149367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

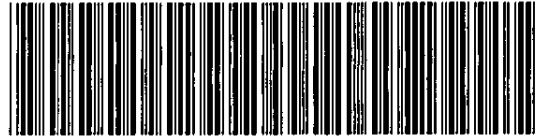
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 29 2012

EXAMINER



400241838464

11/29/12--01025--020 **125.00

RECEIVED
DEPARTMENT OF STATE
12 NOV 29 PM 1:19

FILED
12 NOV 29 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT

Sean Githens
3049 Bell Grove Drive
Tallahassee, FL 32308

November 8, 2012

I, Sean Githens of Tallahassee, FL, Previous Owner of Preferred Services Plus, LLC, Document #L05000012465, Hereby release the above corporation name to Larry Snell, 2905 Oakwood Drive, Tallahassee, FL 32304.

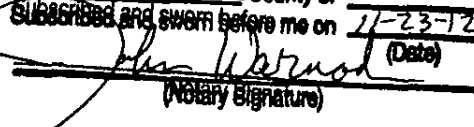
This confirms that I will not, at any time, revoke the dissolution of service filed for the above named corporation on November 1, 2012.

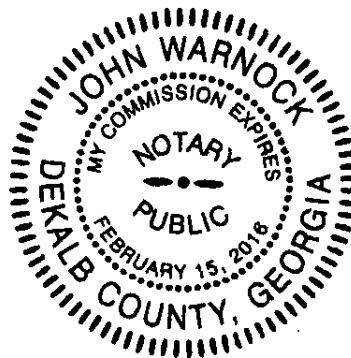


Sean Githens

11/23/12

Date

State of Georgia County of DeKalb
Subscribed and sworn before me on 11-23-12

(Notary Signature)



(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations.

SUBJECT: Preferred Services Plus, 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:

Larry Snell

Name of Person

Preferred Services Plus, LLC

Firm/Company

2905 Oakwood Drive

Address

Tallahassee, FL 32304

City/State and Zip Code

preferredservicesplus@gmail.com

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

For further information concerning this matter, please call:

Larry Snell

Name of Person

at (850) 559-1509

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PREFERRED SERVICES PLUS, 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 is:

Principal Office Address:

2905 Oakwood Drive

Tallahassee, FL 32304

Mailing Address:

2905 Oakwood Drive

Tallahassee, FL 32304

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:

LARRY SNELL

Name

2905 Oakwood Drive

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

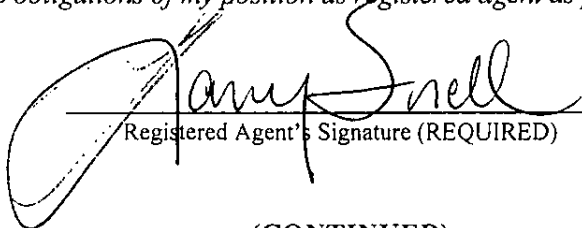
Tallahassee, FL 32304

FL

City, State, and Zip

FILED
12 NOV 29 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Larry Snell _____

2905 Oakwood Drive _____

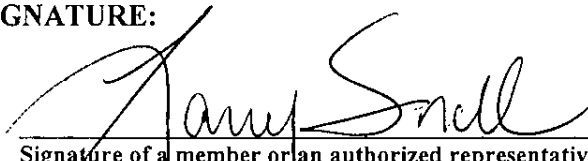
Tallahassee, FL _____

(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.)

LARRY SNELL _____

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)