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ECRETARY OF STATE

C. LEWIS

APR 1 1 2013

EXAMINER

## **COVER LETTER**

10: Registration Division of C		And the same of th	
SUBJECT: Afford	dable Professional	Accounting Services LLC	
	Name of Limited	1 Liability Company	-
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Anderson Sera	ohin	
		Name of Person	
		2) (2	
		Firm/Company	
14642 1	urtle Creek Circle L	Jnit #102 Address	
l 4 5	L. 14. 00540	reaces	
Lutz, F	lorida 33549	State and Zip Code	
anderson.s	seraphin@yahoo.com	,	
	E-mail address: (to be used for	future annual report notification)	
For further information	concerning this matter, please of	call:	
Anderson Se	raphin	at ( 305 ) 965-9388	
Name	of Person	Area Code & Daytime Telephone Number	,
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing It Certified Copy (additional copy is enclosed)  S160.00 Filing It Certificate of State Certified Copy (additional copy is enclosed)	atus &
	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:

## Affordable Professional Accounting Services LLC

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

#### **ARTICLE II - Address:**

**Principal Office Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

14642 Turtle Creek Circle Unit #102	14642 Turtle Creek Circ	ele Unit #102
Lutz, Florida 33549	Lutz, Florida 33549	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	·
		** (/) <del></del>
Anderso	on Seraphin	I3 A SECRI ALLA

14642 Turtle Creek Circle Unit #102

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

Lutz, Florida 33549

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 (REOUIRED)

(CONTINUED)

Title:	Name and Address:	13 APR 10 M
"MGR" = Manager		,
"MGRM" = Managing Member		SECRETARY OF STA TALLAHASSEE, FLO
MGR	Anderson Seraphin	;
	14642 Turtle Creek Circle U	nit #102
	Lutz, Florida 33549	<del>-</del>
	-	
		<del> </del>
(Use attachment if necessary)		
LE V: Effective date, if other than the		
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:		than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60% constitutes an affirmation under I am aware that any false infor	pe specific and cannot be more	of a member.  ion of this document ts stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60% constitutes an affirmation under I am aware that any false infor	er or an authorized representative 8.408(3), Florida Statutes, the executer the penalties of perjury that the factorial submitted in a document to the second submitted submitted in a document to the second submitted submit	of a member.  ion of this document ts stated herein are true.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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