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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_
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Office Use Only



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09/04/13--01009--007 **160.00

EFFECTIVE DATE 10-1-13

2013 SEP -4 PH 2: 31

B. BOSTICK
SEP 0 5 2013
EXAMINER

SUBJECT:

COVER LETTER

TO: Registration Section
Division of Corporations

MORE than SERVICE L.L.C.

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:

Jose Pe	enagos					
		Name of Person				
More th	an Service Ll	LC				
4,1100 4,1110 41111 41111 41111		Firm/Company				
11294 9	SW. 155 Lane	9				
		Address	 			
Miami F	L. 33157				SEU: ALLA	2013 9
		y/State and Zip Cod	е		开放	SEP
rabanito92	20@hotmail.com				SSE	-
- 11.11 - 11.11 - 11.11 - 11.11	E-mail address: (to be used f	for future annual rep	ort notification)	····	TIE	-0
For further information of	concerning this matter, please	call:				PH 2:
Jose Pena	gos	786	339-54	147	RIDA	36
Name o	of Person	Area Code	& Daytime Telep	hone Numbe	er	
Enclosed is a check fo	or the following amount:					
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	ру	\$160.00 in Certificate Certified (additional	te of Stat	us &
	Mailing Address	Street/C	ourier Address			

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

More than Service L.L.C		illity Company, "L.L.C.," or "LLC.")	
(Must	end with the words Limited Liab	intry Company, L.L.C., or LLC.	
ARTICLE II - Addi	ress:		
The mailing address	and street address of the p	principal office of the Limited Lia	bility Company
Principal Office Ad	dress:	Mailing Address:	
11294 SW. 155 Lane		Same	
Miami FL.		A Photographic Control of the Contro	
33157	<u> </u>		
	pany cannot serve as its own Regi	d Office, & Registered Agent's stered Agent. You must designate an individ	
(The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve as its own Regi	stered Agent. You must designate an individ	dual or another
(The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve as its own Region ve Florida registration.) orida street address of the	stered Agent. You must designate an individ	dual or another
(The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve as its own Regive Florida registration.) orida street address of the eleste Penagos	stered Agent. You must designate an individ	tual or another 2013 SEP
(The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve as its own Regive Florida registration.) orida street address of the eleste Penagos Name	stered Agent. You must designate an individ	tual or another 2013 SEP -4 CEURLIARY C
(The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve as its own Regive Florida registration.) orida street address of the eleste Penagos Name	registered agent are:	tual or another 2013 SEP -4 PI ALLAHASSEE I
(The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve as its own Regive Florida registration.) orida street address of the eleste Penagos Name 1294 SW. 155 Lane Florida street ad Miami	registered agent are: ddress (P.O. Box NOT acceptable)	tual or another 2013 SEP -4 CEURLIARY C

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Jose R. Penagos
	11294 SW. 155 Lane
	Miami FL. 33157
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	e date of filling: October 1st 2013 (OPTIONAL
CLE V: Effective date, if other than the	e date of filing: October, 1st. 2013. (OPTIONAl to be specific and cannot be more than five busines
CLE V: Effective date, if other than the effective date is listed, the date mus	
CLE V: Effective date, if other than the effective date is listed, the date mus o or 90 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five busines Helely H.
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CLE V: Effective date, if other than the effective date is listed, the date mus o or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of the section 60% constitutes an affirmation under I am aware that any false information.	to be specific and cannot be more than five business. Solution of an authorized representative of a member. Solution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
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