

From:

Division of Corporations

09/17/2013 15:16

#476 P.001/003

Page 1 of 1

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**  
Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Support Services of F.M. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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Help

From:

Sep. 17. 2013 11:25AM  
from:

09/17/2013 15:52

#476 P.003/003

No. 1109 P. 3  
09/13/2013 10:03 #452 P.002/003

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Support Services of F.M. 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:

10285 Heritage Bay Boulevard

Unit 621

Naples, FL 34120

#### Mailing Address:

10285 Heritage Bay Boulevard

Unit 621

Naples, FL 34120

### 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:

Machelle J. Owens

Name

10285 Heritage Bay Boulevard, Unit 621

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

Naples

FL 34120

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.*

X Machelle J. Owens

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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From:

09/17/2013 15:51

#476 P.002/003

Sep. 17. 2013 11:25AM  
FROM:

No. 1109 P. 2  
09/13/2013 10:04 #452 P.003/003

**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:

MGRM

Machelle I. Owens

10265 Heritage Bay Boulevard, Unit 821

Naples, FL 34120

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Upon 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:**

x Machelle I. Owens

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.)

Machelle I. Owens

Typed or printed name of signer

**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)

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