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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: '	Registration Division of C	Section Corporations		
SUBJE	CT: <u>COMP</u> I	ETE PROPERTY SOLUT Name of Lin	GONS LLC nited Liability Company	
The enc	losed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please r	eturn all corre	spondence concerning this m	atter to the following:	
	RANDAL	L A. SMITH)	
			Name of Person	
	COMPLE	TE PROPERTY SOLUTION	ONS LLC	
			Firm/Company	
	PO BOX	913		
			Address	
	PALM HA	ARBOR, FL. 34682		FEB 2
		C	ity/State and Zip Code	
ras	mithoffice@g	mail.com	d for future annual report notifica	
For furt	her informatio	n concerning this matter, plea	·	2: 25
RAND	ALL A. SMITI	Hat (_] ne of Person		lephone Number
	14411	ic of i cison	Area Code Daytime Te.	repriore Number
Enclose	d is a check fo	r the following amount:		
□ \$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.5 .	!! A + J	St4/O	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2014

RANDALL SMITH PO BOX 913 PALM HARBOR, FL 34682

SUBJECT: COMPLETE PROPERTY SOLUTIONS LLC

Ref. Number: W14000010763

We have received your document for COMPLETE PROPERTY SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P13000080701.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 614A00003702

www.sunbiz.org

Division of Comparations DO DOV 6297 Tollohosson Florida 22214

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
• • • •	1 150 6 1 1 0
Economical Property So	olutions CCC
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
762 OHIO AVE PALM HARBOR, FL. 34683	PO BOX 913 PALM HARBOR, FL. 34682
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
RANDALL A. SMITH	
Name	
762 OHIO AVE	NOT acceptable)
Florida street address (P.O. Box	NOT acceptable)
PALM HARBOR	FL 34683
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signatu	ure (REQUIRED)
(CONTINUE	ED)
Page 1 of 2	2 2

<u> Title:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	RANDALL A SMITH
	762 OHIO AVE
	PALM HARBOR, FL. 34683
	
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••	of filing: 02/12/2014 . (OPTIONAL)
EV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)	of filing: <u>02/12/2014</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	of filing: <u>02/12/2014</u> . (OPTIONAL) sific and cannot be more than five business days prior to or 90 day
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