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SECRETARY LOF STATE
TALLAHASSEE FROME

W14-12899

MAR 12 2014 S. YOUNG

## sales and Services LLC **COVER LETTER** TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number

Enclosed is a check for 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)

## **Mailing Address**

Registration Section Division of Corpo ations P.O. Box 6327 Tallahassee, FL 32314

## Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARS Sales and Services LLC			
ARTICLE I - Name: The name of the Limited Liability Company is:  (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:  Mailing Address:  Mailing Address:  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 another business entity with an active Florida registration.)		al or	
The name and the Florida street address of the registered agent are:    12			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and coof my duties, and I am familiar with and accept the obligations of my position as registered agen.  Chapter 605, F.S.  Begistered Agont's Signature (REQUIRED)	agree to a omplete pe	ict in th erforma	is ince
(CONTINUED) Page 1 of 2	SECRETARY C	14" FBF 16	

ED COSTATE EFFORDA

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Andrea Warner
AMBE-MGR	1121 Breezy Knoll St.
	Misseels Jei 34715
	1111110010, -1-0. 54713
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