114000104544

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	_	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<u>. </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700261803837

06/30/14--01029--025 **130.08



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HERRING Services LLC 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:
HERRILL HERRING,
HERRING SERVICES LLC
3155 South Street Suite 4
Titusville, FLORIDA 32780 City/State and Zip Code
HERRILL WE GMAIL . COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HERRILL HERRING at (32) 544-8223 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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 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:			
HERRING SERVICES 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: 3155 South Street Suite 4 4344 Michael D Titusville, Florida 32780 Mims, Florida 32)rive 2754		
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.)	n individua	l or	
The name and the Florida street address of the registered agent are: HERRILL HERRING Name U344 UICHOE Drive Florida street address (P.O. Box NOT acceptable) 11005			
City FL OC 15			
Having been named as registered agent and to accept service of process for the above stated limite 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 confined for a familiar with and accept the obligations of my position as registered agent Chapter 605, F.S	agree to ac omplete per	ct in this rforman	c e
Registered Agent's Signature (REQUIRED)		14.	
(CONTINUED)		JUR 30	
Page 1 of 2	TO FLORID) A4 0: 12	Secretary of the secret

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	HERRILL HERRING- 4344 Michael Drive Mims, FLORIDA 32754	
AMBK_	Dorothy HERRING 4344 Michael Drive Mims, Florida 30754	
ective date is listed, the date must be a post of filing.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9) day
EV: Effective date, if other than the datective date is listed, the date must be	specific and cannot be more than five business days prior to or 9) day
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a r (In accordance with section of constitutes an affirmation under that any false information in the constitutes are affirmation under the constitutes any false information.	nember or an authorized representative of member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (b), sometime to the Department of State only as provided for in s.817.155, F.S.)) day
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a reconstitutes an affirmation under the constitutes and affirmation under the constitutes at third degree fellows.	nember or an authorized representative of member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State) day