

**L14000186907**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000280879 3)))



H140002808793ABC8

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

RECEIVED

14 DEC -5 10:00

THIS DOCUMENT CONTAINS  
CONFIDENTIAL INFORMATION  
AND IS NOT TO BE  
DISSEMINATED  
WITHOUT THE  
APPROPRIATE  
AUTHORITY

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

Email Address: agent@bizfilings.com

14 DEC -5 AM 11:36

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA LIMITED LIABILITY CO.**

**Select Supply LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DEC 08 2014  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H14000280879 3

**ARTICLES OF ORGANIZATION  
OF  
Select Supply LLC**

**ARTICLE I            NAME**

The name of the limited liability company is: Select Supply LLC


**ARTICLE II            ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
17700 Corkscrew Rd, Estero, Florida 33928.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

*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 605, F.S..*

Signature:   
Mark Williams, A.V.P. Business Filings Incorporated

Date: December 5, 2014

**ARTICLE IV            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managers and the names and addresses of the managers of the Limited Liability Company are:

Holly Herbers, 17700 Corkscrew Rd, Estero, Florida 33928  
Brooke Sweat, 17700 Corkscrew Rd, Estero, Florida 33928

FAX AUDIT # H14000280879 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC -5 AM 11:36



TOTAL P.003

**FAX AUDIT # H14000280879 3**

**ARTICLE V      DURATION**

The duration for the limited liability company shall be: Perpetual.

Date: December 5, 2014

*(In accordance with section 605.0203 (1) (b), 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.)*

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

**FAX AUDIT # H14000280879 3**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC -5 AM 11:36