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SECRETARY OF STATE
ANASSEE FLORIDA

J. Shires DEC 22 2014

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TO: Registratio		7) , f tige	
Division of	Corporations		,
		•	
SUBJECT: ENR S			
	•	mited Liability Company	12 A
	to a contract		
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this m	natter to the following:	·
		-	: · · · · · · · · · · · · · · · · · · ·
P.414	4 - L		
Ed Mon	taivo .	Name of Danas	
		Name of Person	•
		•	
ENR Se	ervices LLC		
. + 1 1 .		Firm/Company	The property of the second to the
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D O Do	w 2152		
<u>P.O. Bo</u>	X 2103	Address	
Brandor	n, Florida, 33509		
	(City/State and Zip Code	· Alter
enr@consultar	ot com	t , ,	r ,
CITICOCIONICI	E-mail address: (to be use	ed for future annual report not	tification)
		• ,	• • •
For further information	on concerning this matter, ple	ase call:	
Ass. To a	e e e e e e e e e e e e e e e e e e e	•	* A
Ed Montalvo	, at (813 <u>451-1526</u>	
	me of Person		e Telephone Number
Enclosed is a check f	or the following amount:		
☐ \$125.00 Filing Fee	☑ \$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
•		(additional copy is enclose	ed) Certified Copy (additional copy is enclosed
			(additional copy is enclosed
	niling Address	Street/Courier A	
Reg	gistration Section	Registration Sect	tion

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	4	-1
ARTICLE I - Name:	Same State of the state of	
The name of the Limited Liability Company is:		
ENR Services LLC		<i>-</i> .
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
	7.1411112 . 1441 5334	
621 Dewolf Road	ENR Services LLC	
Brandon, FL 33511	621 Dewolf Road	
	Brandon, FL, 33511	
ARTICLE III - Registered Agent, Registered Office, &	Registered Agent's Signature	
(The Limited Liability Company cannot serve as its own R		or
another business entity with an active Florida registration.		
•	,	
The name and the Florida street address of the registered a	gent are:	
Ed Montalvo		
Name	-	
· · · · · · · · · · · · · · · · · · ·	pass of the	
621 Dewolf rd.	<u> </u>	
Florida street address (P.O. Box 1		
Prondon El	FL 33511 4	
Brandon, FL. City	Zip	
City	Zip.	ı
Having been named as registered agent and to accept serv	ice of process for the above stated limited liability co	ompany e
the place designated in this certificate, I hereby accept t	the appointment as registered agent and agree to act	t in this
capacity. I further agree to comply with the provisions of		
of my duties, and I am familiar with and accept the oblig		d for in
Спарте	r 605, F.S.	
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and the same of th	(0.12	1
Registered Agent's Signatu	are (REQUIRED)	٠,
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Page 1 of 2	S CO	J I S
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Ed Montalvo
	621 Dewolf rd.
	Brandon, Fl. 33511
MGR	Rita M. Martinez
THO IT	621 Dewolf rd.
	Brandon, Fl. 33511
	Diaman, Fr. 335 Fr
ŧ	
(Use attachment if necessary)	•
(Ose attachment if necessary)	
the date of filing.) ARTICLE VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE:	
	ASS -
(In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this decuments of the penalties of perjury that the facts stated herein about nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
EO	MonTpLvo Typed or printed name of signee
	Typed or printed name of signee
	<u> </u>
	Typed or printed name of signee Filing Fees: canization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)