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PICK-UP	☐ WAIT	MAIL .
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Certified Copies	_ Certificates	of Status
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O. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Accurate Business 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:	
Rikki Cook	
Name of Person	-
Firm/Company	
P.O.Box 62335	70 O. 20
Address	
Fort Myers, FL 33906	EB-2
City/State and Zip Code	ma R II
Fort Myers, FL 33906 City/State and Zip Code rikki S cook @ amail. Com E-mail address: (to be used for future annual report notification)	PH 3: 53
For further information concerning this matter, please call:	
Rikki Cook at (239) 284-8916 Name of Person Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	60.00 Filing Fee, rtificate of Status & rtified Copy tional copy is enclosed)
Mailing Address Street/Courier Address	

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

LORIDA LIMITED LIABILITY C	OMPANY	
Vices LLC	· · · · · · · · · · · · · · · · · · ·	
Mailing Address:		
P.O.BOX 623; Fort Myers, FL	35 33906	
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agent are:	SHE TARY C	FEB-2
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NOT acceptable)	GRETARY OF STAT LAHASSEE FLORI	FEB -2 PH 3:
lay	SIA	FEB - 2 PH
1	Mailing Address: P.O.BOX 623: Fort Myers, FL Registered Agent's Signatur Registered Agent. You must des	P.O.BOX 62335 Fort Myers, FL 33906 & Registered Agent's Signature: Registered Agent. You must designate an individu

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG R	Rikki (Dok 895 Dean Way Fort Myers, FL 33919
	'
Alek-170	
(Use attachment if necessary)	Sling. (OPTIONAL)
LE V: Effective date, if other than the date of frective date is listed, the date must be specified of filing.) LE VI: Other provisions, if any.	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date of fective date is listed, the date must be specified filing.) E VI: Other provisions, if any.	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 o
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JE V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) JE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true; in submitted in a document to the Department of State.
E V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true; ion submitted in a document to the Department of State.