## 615000033480

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700268709007

02/17/15--01040--025 \*\*150.00

02/17/15--01040--026 \*\*5.00





## **COVER LETTER**

	gistration Section vision of Corporations
SUBJECT:	Endurance Services, LLC
SUBJECT.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Kevin B. Forsett
•	Name of Person
	Endurance Services, LLC
•	Firm/Company
	4127 Sunnyland Drive
•	Address
	Lakeland, FL 33813
	City/State and Zip Code
	Kforsett@gmail.com  E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
Ke	vin B. Forsett at 863 670-1840
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$125,00 Fil	ing Fee \$\int \frac{\\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy (additional copy is enclosed)}} \int \frac{\\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}{\text{Certified Copy (additional copy is enclosed)}}
	Mailing Address  Pegistration Section  Pegistration Section  Pegistration Section

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

	Endurance So	nicos II	<b>C</b>			
(Mus	Endurance Sel			<u> </u>		
•	tend with the words Entitle	a Liability Co	impany, E.E.C., or E.E.	c. <i>)</i>		
ARTICLE II - Address: The mailing address and st	reet address of the principal	office of the I	imited Liability Company	y is:		
Principal Office Address	<u>Mai</u>	ling Address:	<u>.</u>			
4127 Sunnyl	and Drive		4127 Sunnyland Drive			
Lakeland, F	L 33813		Lakeland, FL 33813	· · · · · · · · · · · · · · · · · · ·		
The name and the Florida s	repany cannot serve as its ow the an active Florida registration street address of the registere Kevin B. Nam 4127 Sunn orida street address (P.O. Bo	on.) d agent are: . Forsett ne yland Drive	enable)	RETARY OF STATE AHASSEE, FLORIDA	FEB 17 PH 4: 06	
<del></del>	Lakeland, City	FL	33813 Zip			
the place designated in capacity. I further agree	gistered agent and to accept so this certificate, I hereby acce to comply with the provision amiliar with and accept the o	pt the appoints of all statute:	ess for the above stated lin ment as registered agent a s relating to the proper and ny position as registered ap	ind agree to d complete j	act in perform	this nance

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Kevin B. Forsett
	4127 Sunnyland Drive
	Lakeland, FL 33813
AMBR	
	>20
AMBR	<u> </u>
	mo.
	<u> </u>
	<u> </u>
(Use attachment if necessary)  LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 o
LE V: Effective date, if other than the fective date is listed, the date must b	
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of:  (In accordance with second constitutes an affirmation of any any are that any fall are aware that any fall are second constitutes any fall are aware that any fall are second constitutes.	member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of:  (In accordance with second constitutes an affirmation of any any are that any fall are aware that any fall are second constitutes any fall are aware that any fall are second constitutes.	member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
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LE V: Effective date, if other than the fective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of: (In accordance with seconstitutes an affirmation of a management of a manag	member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)  Kevin B. Forsett

ARTICLE IV-