L15000048885

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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02/03/15--01030--001 **160.00

EFFECTIVE DATE 3-18-15

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MAR 1 9 2015

T. BROWN

COVER LETTER

TO:	Registration Division of C				
SUBJE	CT: <u>Improve</u>	ement Services, LLC Name of Li	mited Liability Co	ompany	
The en	closed Articles	of Organization and fee(s) a	are submitted for t	filing.	
Please	return all corres	spondence concerning this n	natter to the follow	wing:	
	Richard (C Bittner Jr	Name of Pers	on	
	<u>Improver</u>	ment Services, LLC	Firm/Compar	ny	
	8012 NW	/ 83rd Terrace	Address		
	<u>Tamarac</u>	, FL 33321	City/State and Zip	Code	
_st	eelpens05@g	mail.com E-mail address: (to be use	ed for future annu	al report notifica	ation)
For fur	ther information	n concerning this matter, ple	ease call:		
Richa	rd C Bittner Jr Nan	at (954) 53 Area Code		lephone Number
Enclos	ed is a check fo	or the following amount:			
□ \$ 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified Co (additional co		☑\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2015

RICHARD C. BITTNER JR. 8012 NW 83RD TERRACE TAMARAC, FL 33321

SUBJECT: IMPROVEMENT SERVICES, LLC

Ref. Number: W15000010120

We have received your document for IMPROVEMENT SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P13000029809.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 215A00002874

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES	OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COM	PANY TO THE TOTAL
ARTICLE I - Name:			
The name of the Limited Liabi	lity Company is:		
The hanc of the Emper Elabi	my company is.		
Expedited Improvements LL	_C		
		iability Company, "L.L.C.," or "Li	LC")
,		, , , , , , , , , , , , , , , , , , , ,	ن چُر
ARTICLE 11 - Address:			
The mailing address and street	address of the principal off	ice of the Limited Liability Compa	ny is.
Principal Office Address:		Mailing Address:	·
8012 NW 83rd Terrace		8012 NW 83rd Terrace	
Tamarac, FL 33321		Tamarac, FL 33321	
(The Limited Liability Compar another business entity with an The name and the Florida stree	ny cannot serve as its own R active Florida registration. t address of the registered a d C Bittner Jr.	-	ate an individual or
	Name		
8012 N	IW 83rd Terrace		
	a street address (P.O. Box N	OT acceptable)	
	` •		
Tamar		FL 33321	
	City	Zip	
the place designated in this capacity. I further agree to co	certificate, I hereby accept to comply with the provisions of iar with and accept the oblig	ice of process for the above stated li he appointment as registered agent all statutes relating to the proper a actions of my position as registered to 605, F.S.	and agree to act in this nd complete performance
	(CONTINUE)	D)	

Page 1 of 2

Fitle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Richard C Bittner Jr.
	8012 NW 83rd Terrace
	Tamarac, FL 33321
	,
V: Effective date, if other than the cative date is listed, the date must be	date of filing: 3/18/15 (OPTIONAL) specific and cannot be more than five business days prior to or
ctive date is listed, the date must be f filing.)	date of filing: 3/18/15 (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the cative date is listed, the date must be	date of filing: 3/18/15 (OPTIONAL) especific and cannot be more than five business days prior to or
V: Effective date, if other than the cative date is listed, the date must be filling.)	date of filing: 3/18/15 (OPTIONAL) especific and cannot be more than five business days prior to or
V: Effective date, if other than the cative date is listed, the date must be filling.) VI: Other provisions, if any	date of filing: 3/18/15 (OPTIONAL) especific and cannot be more than five business days prior to or
CV: Effective date, if other than the carrive date is listed, the date must be filling.) CVI: Other provisions, if any	date of filing: 3/18/15 (OPTIONAL) especific and cannot be more than five business days prior to or
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CV: Effective date, if other than the cerive date is listed, the date must be filling.) CVI: Other provisions, if any REQUIRED SIGNATURE: Signature of a	increber or an authorized representative of a member.
CV: Effective date, if other than the cerive date is listed, the date must be filling.) CVI: Other provisions, if any REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	increase or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the carive date is listed, the date must be filing.) VI: Other provisions, if any REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	increase and cannot be more than five business days prior to or increase or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document maker the penalties of perjury that the facts stated herein are true. aformation submitted in a document to the Department of State
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