

L15000092952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

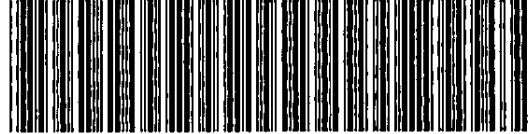
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/24/15--01025--009 \*\*125.00

FILED  
15 MAY 27 AM 8:56  
STATE OF ARIZONA  
TALAHASSEE/REGISTRATION

MAY 28 2015

J SHIVERS

2541



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2015

SAMUEL VERRIER  
9815 55 WAY N  
PINELLAS PARK, FL 33782

SUBJECT: ISLAND WAY PROPERTY SERVICES LLC  
Ref. Number: W15000030668

We have received your document for ISLAND WAY PROPERTY SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 215A00008922

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Island Way Property 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:

Samuel Verrier  
Name of Person

Firm/Company

9815 55 Way North  
Address

Pinellas Park, FL 33782  
City/State and Zip Code

samverrier@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Verrier at ( 727 ) 543-8065  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

May 22, 2015

Division of Corp.  
P.O. Box 6327  
Tallahassee, FL 32314

Re: W15000030668  
Island Way Property Services LLC

Dear Sir or Madam:

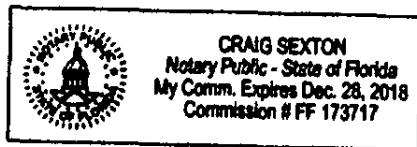
I, Samuel Verrier, as President of Island Way Property Services Corp., voluntarily dissolved the corporation on April 10, 2015. I release the name and would like to use that name for a Limited Liability Company, Island Way Property Services, LLC.

  
SAMUEL VERRIER

STATE OF FLORIDA  
COUNTY OF Pineas

The foregoing instrument was acknowledged before me this 22 day of May, 2015, by SAMUEL VERRIER, who is personally known to me or who has produced FLDL as identification and who did take an oath.

(SEAL)



  
Notary Public

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15 MAY 27 AM 8:56  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISLAND WAY PROPERTY SERVICES, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

9815 55 Way North  
Pinellas Park, FL 33782

9815 55 Way North  
Pinellas Park, FL 33782

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Samuel Verrier  
Name

9815 55 Way North  
Florida street address (P.O. Box NOT acceptable)

Pinellas Park, FL 33782  
City Zip

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY 27 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Samuel Verrier

9815 55 Way North

Pinellas Park, FL 33782

AMBR

Xenia Verrier

9815 55 Way North

Pinellas Park, FL 33782

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(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.)

Samuel Verrier

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA