

L15000107544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

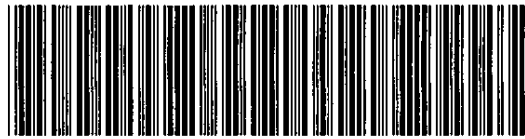
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WLS-41094

Office Use Only



500273745245

06/09/15--01028--004 **155.00

APPROVED
AND
FILED

15 JUN 22 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Plus Services #1 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:

Evelyn Noel

Name of Person

Evelyn Noel Accountant

Firm/Company

3711 Trout River Blvd

Address

Jacksonville Florida 32208

City/State and Zip Code

Enoel 0198@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn Noel

904

768-6486

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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 Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2015

EVELYN NOEL
EVELYN NOEL ACCOUNTANT
3711 TROUT RIVER BLVD
JACKSONVILLE, FL 32208

SUBJECT: A PLUS SERVICES #1 LLC
Ref. Number: W15000041094

We have received your document for A PLUS SERVICES #1 LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 215A00012372

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUN 22 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A Plus Services # 1 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:

Floyd Carroll

3711 Trout River Blvd

Jacksonville, Fl 32208

Floyd Carroll

3711 Trout River Blvd

Jacksonville Fla 32208

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:

Floyd Carroll

Name

3711 Trout River Blvd

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

Florida

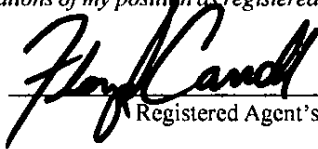
32208

City

State

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)

APPROVED
AND
FILED

ARTICLE IV-

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

15 JUN 22 PM 4:15

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Floyd Carroll

3711 Trout River Blvd

Jacksonville, Fla 32208

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Floyd Carroll

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)