# 15000169435

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE DIVISION OF CORPORATION:

Office Use Only

10/04/15

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Commercial Service Installations, 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:
Alicia Pallo
Name of Person
Commercial Service Installations, LCC Firm/Company
2161 River Park Blvd. Address
Orlando, FL 32817 City/State and Zip Code
City/State and Zip Code COMMSer Vin Stall @ Yahoo . COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Guthrie at (407) 717 - 2647  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2161 River Park Blvd.	2161 River Park Blid.
Orlando, Fl 32817	Orlando, FL 32817
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register	<b>4 4</b>
another business entity with an active Florida registration.)	. B
The name and the Florida street address of the registered agent are	e: _
Elizabeth 1	<u>Ann Boles</u>
Name	· ·
5906 Alana	Leigh Place
Florida street address (P.O. Bo	ox NOT acceptable)

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 l 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)

Page 1 of 2

(CONTINUED)

**Signatures**  **REOURED SIGNATURE:  Signatures of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Alicia Policy  Typed or printed name of signee  **Filling Fees:**  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	Title: "AMBR" = Authorized	Name and Address:		
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  Icreating the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after ate of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Alica Pallo  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	"MGR" = Manager	•		
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  I of flective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Alicia Pallo  Typed or printed name of signee	MGR	Scott Guthrie	<del></del>	
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ARTICLE IV-

Page 2 of 2