

L16000025999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

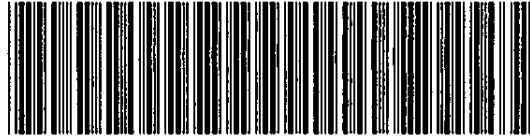
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-08-16
D

1/27/2016

From: Michael Zambrzycki
2023 Plunkett St. # A
Hollywood, FL 33020

To: Tim Burch
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

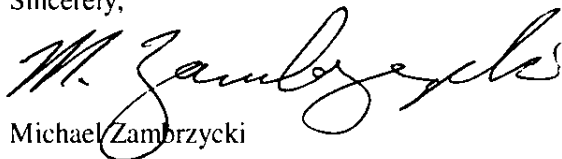
RECEIVED
JAN 29 2016
11:06 AM

Dear Tim Burch

I have recently applied for a Florida LLC (W15000063252) which was denied do to a similar name already registered in Florida. In this package I'm including a new Article of Organization with a new chosen name for the LLC (City Technical Services, LLC). Please use the funds that were provided previously to cover the cost of this new LLC (City Technical Services, LLC).

If you have any questions or concerns feel free to contact me at 954-400-8392.

Sincerely,



Michael Zambrzycki



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2015

MICHAEL ZAMBRZYCKI
280 COMMODORE DR #1315
PLANTATION, FL 33325

SUBJECT: CITY TECHS, LLC
Ref. Number: W15000063252

We have received your document for CITY TECHS, 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 815A00020058

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

City Technical 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:

2023 PLUNKETT ST # A
Hollywood, FL 33020

2023 PLUNKETT ST # A
Hollywood, FL 33020

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:

Michael Zambrzycki

Name

2023 PLUNKETT ST # A

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

Hollywood

FL

33020

City

State

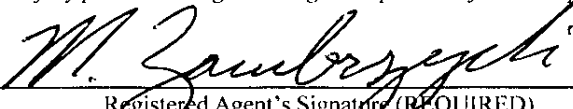
Zip

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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)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
Michael Zambrzycki
2023 PLUNKETT ST # A
Hollywood, FL 33020

AMBR

Aralyn Zambrzycki
2023 PLUNKETT ST # A
Hollywood, FL 33020

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SOLICITOR GENERAL'S OFFICE

(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.

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.

Michael Zambrzycki

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)