

L16000031840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

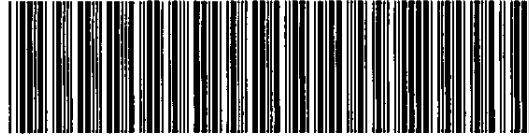
(Document Number)

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U16-6266

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 FEB 11 PM 4:05

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AND  
FILED

U/H

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCOTT HOME 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:

SCOTT T. VAN DUSEN

Name of Person

SCOTT HOME SERVICES LLC

Firm/Company

298 CORY AVE N.E.

Address

PALM BAY FL. 32907

City/State and Zip Code

NASCAR6SCOTT@aol.com

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

\*For further information concerning this matter, please call:

SCOTT VAN DUSEN at ( 321 ) 952-2912

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**

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

**Street Address**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2016

SCOTT T. VAN DUSEN  
298 CORY AVE N.E.  
PALM BAY, FL 32907

SUBJECT: SCOTT HOME SERVICES LLC  
Ref. Number: W16000006266

We have received your document for SCOTT HOME SERVICES LLC and your check(s) totaling \$130.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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: 816A00001957

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVOCATE  
~~DEFENDER~~ Home SERVICES LLC.  
SCOTT HOME 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:

298 CORY AVE N.E.  
PALM BAY  
FL. 32907

Mailing Address:

298 CORY AVE N.E.  
PALM BAY  
FL. 32907

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:

SCOTT T VAN DUSEN  
Name  
298 CORY AVE N.E.  
Florida street address (P.O. Box NOT acceptable)  
PALM BAY FL 32907  
City State Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND  
FILED

**ARTICLE IV-**

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

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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Am BR

SCOTT T VAN DUSEN  
298 CORY AVE NE  
PALM BAY FL 32907

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/1/2016 (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.

SCOTT T VAN DUSEN

Typed or printed name of signer

**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)