## L16000041602

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>9 #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	tegistration Section Division of Corporations	
SUBJECT	r: Tri-County Bu	oilding Services LLC ited Liability Company
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.
Please retu	arn all correspondence concerning this mat	ter to the following:
	Gregory Lee Ne	tzer
	,	Name of Person
		Firm/Company
	PO BOX 975	
		Address
	Land O'Lakes	FL 34639
-	tricounty build: E-mail address: (to be used f	FL 34639  sy/State and Zip Code  ing Services Egmail.com  or future annual report notification)
For further in	nformation concerning this matter, please	call:
	Alarico Fernandezat (Name of Person Arc	23 Tage 13 Tag
Enclosed is	s a check for the following amount:	
]\$125.00 Fi	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$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	Street Address  New Filing Section  Division of Corporations  Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



•	FILED
ARTICLES OF ORGANIZATION FOR FLORID	ALIMITED LIABILITY COMPANY 16 FEB 23 PM 2: 50
ARTICLE I - Name:	CCO
The name of the Limited Liability Company is:	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Tri-County Buildin  (Must end with the words "Limited Liabili	9 Services LLC
(Must end with the words "Limited Liabili	ty 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:
17707 Robarts Rd	PO BOX 975
17707 Robarts Rd Springhill FL 34610	Land O'Lates FL 34639
ADTICLE III. Desistend Agent Desistend Office & Desistend	odered A cout)s Cicareture.
ARTICLE III - Registered Agent, Registered Office, & Regi	stereu Agent s bignature.

another business entity with an active Florida registration.)

The name and the Florida street address of the reg	istered	agent are:		
Alar	120	Fernance	12	
		Name		
5113	N,	Nebrask	a Ave	#FI
Florida street a	address	(P.O. Box NOT acc	eptable)	
Tame	pa	FL	3360	23
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..

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

Registered Agent's Signature (REQUERED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person authors	orized to manage and control the Limite	d Liability den fig. 23 PM 2:
<b>Title:</b> "AMBR" = Authorized Member	Name and Address:	SECRETARY OF STATE
"MGR" = Manager  MGR		<u> </u>
	17707 Robar Springhill FL	74610
MbR	Alarico Ferna	
	Jampa FL 3	124 AVC #F1
-		
(Use attachment if necessary)	£ Gling:	(ODTIONAL)
CLE V: Effective date, if other than the date of effective date is listed, the date must be specute of filing.)  If the date inserted in this block does not me becument's effective date on the Department of	eific and cannot be more than five busing the the applicable statutory filing require	ness days prior to or 90 days after
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)  If the date inserted in this block does not me	eific and cannot be more than five busing the the applicable statutory filing require	ness days prior to or 90 days after
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CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)  If the date inserted in this block does not me ocument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false is constitutes a third degree of	eet the applicable statutory filing require f State's records.  The property of an authorized representative of the accordance with section 605.0203 (information submitted in a document to the accordance of the	ments, this date will not be listed as ments, this date will not be listed as of a member.  1) (b), Florida Statutes. he Department of State

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)