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COVER LETTER

Division of Corporations
SUBJECT: ACVANCE & ACESS MANAGEMENT SERVICES, LCC Name of Limited Liability Company
9
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph LEE Curto
Name of Person
ACVANCED DOCESS Managenent Services LIC
4011 GREENMARK LANE
Address
VAIRICO ZL 33594 City/State and Zip Code
JOE Curto D Me. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

TO:

Registration Section

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address: Mailing Address:		
ACVANCED ACES & MANAGENER SETT 4011 GREENMARK JANE	JOSEPH LEE CHATE	
4011 GREENMARK PANE	4011 GREENMARK LANE	
VAIRICO, FL 33596	VAIRICO FL 33696 .	

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:

_ Joseph	LEE (unto
	Name	
4011 GAERNMA	RK LANE	
Florida street address	(P.O. Box NOT	acceptable)
VAIRICO	ri	35596
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..

legistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address: JOSEPH LEE CHATO 4011 GREEN MARK LANE VAIRICO, FL 33596		
AMBR	JEANNE G. GARRETT 29329 RHOCINE PL WESTEY Chappel, EL J.	 इड <i>च</i> ऽ	_
(Use attachment if necessary)			
the date of filing.) Note: If the date inserted in this block does not mee the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	et the applicable statutory filing requirements, this date State's records.	will not	be listed as
REOUIRED SIGNATURE:	of Shouth		
This document is executed I am aware that any false in	ber of an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Sanformation submitted in a document to the Department elony as provided for in s.817.155, F.S.	tatutes. of State	
\$125.00 Filing Fee for Articles of Orga	Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent	er) Tea	140 150
5.00 Certificate of Status (Optional		٥	

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

ARTICLE IV-