

L16000081171

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W16-26261

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR 26 PM 1:14

FILED

0427-15  
/

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INDEPENDENT SYSTEMS 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:

FREDY FLORES or MARIA HARRIS

Name of Person

INDEPENDENT SYSTEMS LLC

Firm/Company

1808 WOODPOINTE DR

Address

WINTER HAVEN / FLORIDA / 33884

City/State and Zip Code

fredyf57@hotmail.com

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

For further information concerning this matter, please call:

|                             |           |                          |
|-----------------------------|-----------|--------------------------|
| Fredy Flores / Maria Harris | 863       | 318-0065                 |
| at ( )                      |           |                          |
| Name of Person              | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

- |                                              |                                                                      |                                                                                                |                                                                                                                                  |
|----------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

April 8, 2016

FREDY FLORES OR MARIA HARRIS  
1808 WOOD POINTE DR  
WINTER HAVEN, FL 33884

SUBJECT: INDEPENDENT SYSTEMS LLC  
Ref. Number: W16000026261

We have received your document for INDEPENDENT SYSTEMS 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):

In article III please remove one of the names listed and thier signature, you may only have one registered agent listed.

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: 016A00007244

RECEIVED  
16 APR 26 PM 2:45  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INDEPENDENT SYSTEMS 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:

1808 WOODPOINTE DR

WINTER HAVEN, FL. 33884

Mailing Address:

1808 WOODPOINTE DR

WINTER HAVEN, FL. 33884

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:

FREDY FLORES

Name

1808 WOODPOINTE DR

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

WINTER HAVEN

FL

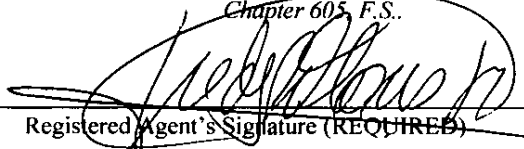
33884

City

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 APR 26 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

FREDY FLORES (50%)  
1808 WOODPOINTE DR  
WINTER HAVEN, FL 33884

MARIA HARRIS (50%)  
1808 WOODPOINTE DR  
WINTER HAVEN, FL 33884

16 APR 26 PM 1:14  
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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

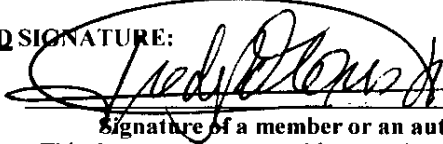
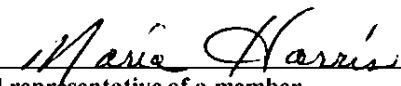
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Fredy Flores / Maria Harris

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)