L16000081171

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wilo-26261

Apr-16

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 at (863) 318-0065
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

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

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16 APR 26 PM 2:45
SECRETARY 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:	**Mailing Address:**
1808 WOODPOINTE DR WINTER HAVEN, FL. 33884	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

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TALLAHASSEE, FLORIDA

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:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	FREDY FLORES (50%) 1808 WOODPOINTE DR WINTER HAVEN, FL 33884
AMBR	MARIA HARRIS (50%) 1808 WOODPOINTE DR WINTER HAVEN, FL 33884

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TALLAHASSEE, FLORIDA

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(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:

Fredy Flores Maria Harris

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)