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16 JUN -6 PM 4:15  
TALLAHASSEE, FLORIDA

06-07-16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Class Act 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:

Josue Kant  
Name of Person

Class Act Home Services, LLC  
Firm/Company

2780 S. Oakland Forest Dr #1806  
Address

Oakland Park, FL 33309  
City/State and Zip Code

Josue.Kant@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josue Kant at ( 312 ) 307 5710  
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

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Tallahassee, FL 32301

Ref Number # W16000035737  
Letter number # 516 A00010345



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2016

JOSUE KANT  
2780 S OAKLAND FOREST DR #1806  
OAKLAND PARK, FL 33309

SUBJECT: CLASS ACT HOME, LLC  
Ref. Number: W16000035737

RECEIVED  
16 JUN -6 PM 4:11  
TALLAHASSEE, FLORIDA

We have received your document for CLASS ACT HOME, 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):

Please remove one of the names you have listed as the Registered Agent, you may only have one.

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: 516A00010345

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Class Act 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:

2780 S. Oakland Forest Dr  
Suite 180b  
Oakland Park, FL 33309

Mailing Address:

Same as Principal  
Office address

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:

Rafal Szybowski  
Name

2780 S. Oakland Forest Dr #180b  
Florida street address (P.O. Box **NOT** acceptable)  
Oakland Park, FL 33309  
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.

[Signature]  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

Am Br

Am Br

**Name and Address:**

Rafal Szykowski  
2750 S. Oakland Forest Dr #1806  
Oakland Park, FL 33309

Jose Kant  
2750 S. Oakland Forest Dr #1806  
Oakland Park, FL 33309

(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.

Jose Kant

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)