Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (32

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

America's Accountability Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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JUL -5 PH 4: 48

mjm

COVER LETTER

TO:	Registration Division of (i Section Corporations				
SUBJ	ECT: Americ	a's Accountability Services Name of Lia	a LLC nited Liability Company	·		
		of Organization and fee(s) a	_			
Please	return all corre	spondence concerning this m	atter to the following:	•		
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	Glendale	:. CA 91210	City/State and Zip Code		10: 3	28Z
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Por fur	rther informatio	on concerning this matter, ple	sse call:			
		,				
Cheve	enne Moselev					
	Nar	ne of Person	Area Code Daytime Te	lephone Number		
Enclos	sed is a check fo	or the following amount:				
□ \$12 5.0	00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Ma</u>	lling Address	Street/Courier Add	ross		

Malling Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courser Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: ne name of the Limited I	Liability Company is:			·
merica's Accountabili				
(Mu	st end with the words "Li	imited Liability Co	mpany, "L.L.C.,	," or ''LLC.")
RTICLE II - Address: no mailing address and s	treet address of the princ	ipal office of the L	imited Liability	Company is:
incipal Office Address	<u>u</u>	Mailing.	Address:	
				•
RTICLE III - Register the Limited Liability Coother business entity w	ed Agent, Registered O mpany cannot serve as it ith an active Florida regi	s own Registered A stration.)	d Agent's Sign:	
RTICLE III - Register he Limited Liability Coother business entity we name and the Florida	ed Agent, Registered O mpany cannot serve as it ith an active Florida regi street address of the regi	s own Registered A stration.)	d Agent's Sign:	ature:
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The Limited Liability Control business entity we name and the Florida Control business entity we name and the Florida	ed Agent, Registered Ompany cannot serve as it ith an active Florida registrect address of the regionzuello McMillan.	s own Registered A stration.) istered agent are: Name	d Agent's Signa Agent. You must	ature:

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.

Bogistered Agent's Signature (RECURED)

Conzuella McMillan

(CONTINUED)

Page 1 of 2

16.111-5 14.0.00

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Venzueljo McMillan	
3.111.013	.841 Prudential Dr Suite 1200 Jacksonville, Fforlda 32207	
.AMBR	Houda El Mhamd	
TIME	841 Prudential Dr Suite 1200 Jacksonville, Florida 32207	

(Use attachment if necessary) [CLE V: Effective date, if other than the date of		
CLE V: Effective date, if other than the date effective date is listed, the date must be spents of filing.) (CLE VI: Other provisions, if any.	of filing:	days aft
CLE V: Effective date, if other than the date of effective date is listed, the date must be spents of filing.) (CLE VI: Other provisions, if any.	of filing:	days aft
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CLE V: Effective date, if other than the date official date is listed, the date must be spents of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing: (OPTIONAL) chic and cannot be more than five business days prior to or 90	daya afi
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State.	daya afi

Page 2 of 2

Date: 06-21-2016

DBA Statement, Legal Zoom account #43923471

To Whom It May Concern:

I, Venzuello V. McMillan am the previous owner of America's Accountability Services, LLC do not intend to reinstate this DBA.

Sincerely,

Venzuello V. McMillan

16 JUL -5 #H ID: 36