L16000164669

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





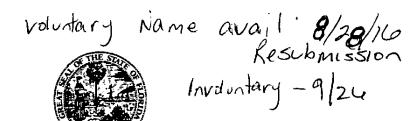
800286039858

05/24/16--01003--010 **130.00

18th 39th 9



UK/10



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2016

AMY JEAN

PO BOX 237853 COCOA, FL 32923

SUBJECT: TRUSTWORTHY SERVICES LLC

Ref. Number: W16000039659

We have received your document for TRUSTWORTHY SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000027313 (TRUSTWORTHY SERVICES. LLC). (avail. 8-28-16) - voluntary dissolved April 2010

PRINCIPAL ADDRESS MUST BE A PHYSICAL. MAILING CAN BE A PO BOX.

2000 SK 524 C/o Po box 237953

Please return your document, along with a copy of this letter, within 60 days or ocoa FL your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 616A00011388

* I was told a voluntarily itissolved raine

1: year to take in 120 days (4 mths)=8/28

Whearishite all others renew 9/26. The

Maine listed above should be available in

August

www.sunbiz.org

back a resubout films

Jim agent

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Trustworthy Services LLC		
SOBJEC		imited Liability Company	
The enclo	osed Articles of Organization and fee(s) a	are submitted for filing.	
Please ret	turn all correspondence concerning this r	natter to the following:	
	- Amy	Sean Name of Person	
	Trust wo	Huy Servi Firm/Company	ces,LLC
	POBOX	37853 Address	
	E-mail address. (to be use	City/State and Zip Code SO @ 9 My 1 ed for future annual report notificat	1. Com
For further	information concerning this matter, plea	ase call:	
	Name of Person	Area Code Daytime Telephor	5152 ne Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$\ \tag{S130.00 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	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabili	ervices, 22C ity 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:
2000 SR 524	P.O.BOX 23 7853
COCOQ FL 32923	COCOA FL 32923
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent and the Florida street address (P.O. City Street address of process of process of the registered agent and to accept service of process of the registered agent and to accept service of process of the registered agent and to accept service of process of the registered agent and to accept service of process of the registered agent and to accept service of process of the registered agent and to accept service of process of the registered agent a	2 524/pobox 237853 Box NOT acceptable) 32923 State Zip
place designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as regise.	nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I stered agent as provided for in Chapter 605, F.S
	NTINUED)
	Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Amy Jean Po Box 237853 COCOMFL32923		
(Use attachment if necessary)			
LEV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the a ment's effective date on the Department of State's	cannot be more than five business days price	or to or 90	•
fective date is listed, the date must be specific and of filing.)	cannot be more than five business days price	or to or 90	•
fective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the a ament's effective date on the Department of State's LE VI: Other provisions, if any.	cannot be more than five business days price	or to or 90	•
fective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the ament's effective date on the Department of State's	cannot be more than five business days price	or to or 90	•
fective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the a ment's effective date on the Department of State's LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in account.	pplicable statutory filing requirements, this da records. awauthorized representative of a member. ordance with section 605.0203 (1) (b), Floridation submitted in a document to the Department	a Statutes.	be lis
rective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the a ament's effective date on the Department of State's LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in accellam aware that any false informat constitutes a third degree felony a	pplicable statutory filing requirements, this da records. awauthorized representative of a member. ordance with section 605.0203 (1) (b), Floridation submitted in a document to the Department is provided for in s.817.155, F.S.	or to or 90 ate will not	be lis
rective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the a ament's effective date on the Department of State's LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in accellam aware that any false informat constitutes a third degree felony a	pplicable statutory filing requirements, this da records. are authorized representative of a member. ordance with section 605.0203 (1) (b), Floridation submitted in a document to the Departments provided for in s.817.155, F.S.	a Statutes.	be lis
RECUIRED SIGNATURE: Signature of a member of This document is executed in accelar aware that any false informat constitutes a third degree felony a	pplicable statutory filing requirements, this da records. are authorized representative of a member. ordance with section 605.0203 (1) (b), Floridation submitted in a document to the Department is provided for in s.817.155, F.S. or printed name of signce	a Statutes.	16 AUG 2
RECUIRED SIGNATURE: Signature of a member of This document is executed in account am aware that any false informat constitutes a third degree felony a \$125.00 Filing Fee for Articles of Organization \$30.00 Certified Copy (Optional)	pplicable statutory filing requirements, this da records. are authorized representative of a member. ordance with section 605.0203 (1) (b), Floridation submitted in a document to the Department is provided for in s.817.155, F.S. or printed name of signce	a Statutes.	16 AUC 28
RECUIRED SIGNATURE: Signature of a member of This document is executed in account and aware that any false informat constitutes a third degree felony a S125.00 Filing Fee for Articles of Organization.	pplicable statutory filing requirements, this da records. are authorized representative of a member. ordance with section 605.0203 (1) (b), Floridation submitted in a document to the Department is provided for in s.817.155, F.S. or printed name of signce	a Statutes.	16 AUC 2

ARTICLE IV-