

L16000194925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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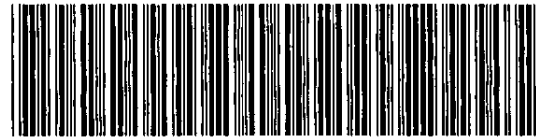
(Business Entity Name)

(Document Number)

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M. MOON  
OCT 20 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Anderson Pro Services

\_\_\_\_\_  
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:

Jimmy Foster

\_\_\_\_\_  
Name of Person

Anderson Pro Services

\_\_\_\_\_  
Firm/Company

16036 Foster Grove Drive

\_\_\_\_\_  
Address

Odessa, Fl. 33556

\_\_\_\_\_  
City/State and Zip Code

jimmyfoster25@aol.com

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

For further information concerning this matter, please call:

Jimmy Foster

386

438-4530

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANDERSON PRO 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:

Anderson Pro Services  
16036 Foster Grove Drive  
Odessa, FL 33556

Mailing Address:

Anderson Pro Services  
16036 Foster Grove Drive  
Odessa, FL 33556

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:

Samuel Wheaton

Name

17819 Morning High Drive

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

Lutz

florida

33549

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..*

  
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

MGR

**Name and Address:**

Jimmy Foster

16036 Foster Grove Drive

Odessa, FL 33556

AMBR

William Jones

16034 Foster Grove Drive

Odessa, FL 33556

AMBR

Samuel Wheaton

17819 Morning High Drive

Lutz, FL 33549

AMBR

Mark Williamson

16002 Race Track Rd

Odessa, FL 33556

(Use attachment if necessary)

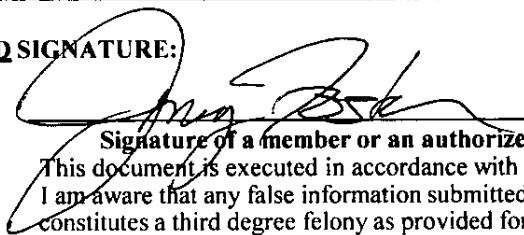
**ARTICLE V:** Effective date, if other than the date of filing: October 17, 2016. (OPTIONAL)

(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.

Jimmy Foster

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)**

Anderson Pro Services, LLC  
16036 Foster Grove Dr.  
Odessa , FL 33556  
( 386) 438-4530

Jimmyfoster25@aol.com

New Filing Section  
Div. Of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Fl 32301

**Article IV-** continued

**Title**

**Name and Address**

AMBR

Brian Nagel  
17934 Lake Carlton Drive Unit D  
Lutz, FL 33548

AMBR

Vincent Sickinger  
16038 Foster Grove Drive  
Odessa, FL 33556

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TALLAHASSEE, FLORIDA