

L16000209068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

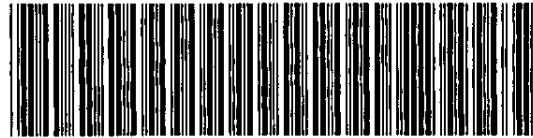
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

NOV 16 2016



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2016 NOV 14 PM 3:55
ALABAMA SEC 1.0676

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Class Act 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:

Sherry L. Hoelzer
Name of Person

SLH Services dba Class Act Services
Firm/Company

517-129th Ave. E Apt. 1
Address

Madeira Beach, FL 33708
City/State and Zip Code

Sherryhoelzer9226@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry L. Hoelzer at (815) 762-9226
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:

Class Act 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:

Mailing Address:

517-129th Ave. E. Apt. 1
Madeira Beach, FL 33708

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:

Sherry L. Hoelzer
Name
517-129th Ave. E. Apt. 1
Florida street address (P.O. Box **NOT** acceptable)
Madeira Beach, FL 33708
City State Zip

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ALLAHBAGH & ASSOC.
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..

Sherry L. Hoelzer
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

Name and Address:

(Use attachment if necessary)

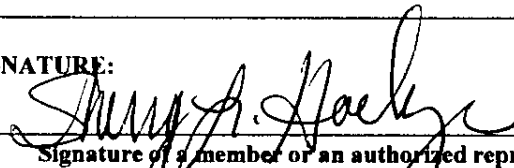
ARTICLE V: Effective date, if other than the date of filing: 01/01/17. (OPTIONAL)

(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.)

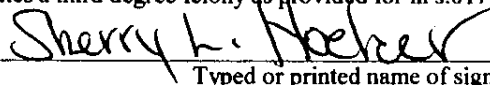
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.



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)

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FLORIDA SECRETARY OF STATE

Hoelzer, Sherry
(815) 762-9226

CITY OF MADEIRA BEACH
LOCAL BUSINESS TAX RECEIPT
for year October 1, 2016 to September 30, 2017

No: 1382
Date: 10/01/2016

| FEE |
|---------|
| \$63.67 |

Business:

SLH Services
517 129th Avenue E. #1
Madeira Beach, FL 33708

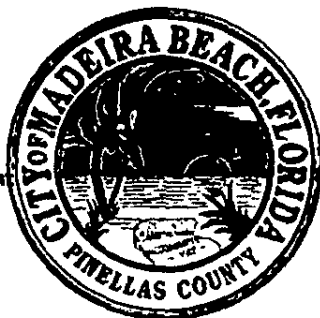
Home Occupation- Professional Assistant

Parking Spaces: 0

Alcohol Designation:

Issued To:

Hoelzer, Sherry
517 129th Avenue E. #1
Madeira Beach, FL 33708



A penalty will be imposed on any persons failing to post this certificate conspicuously in place of business or for not reviewing by September, 30. This certificate is transferrable only under conditions stated in Chapter 62, Municipal Code of Ordinances. This business tax receipt does not constitute an endorsement approval or disapproval of the holder's skill or competence or for the compliance or noncompliance of the holder with other laws, regulations or standards.


Business Tax Official