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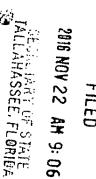
(Re	questor's Name)	
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COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	AP Multi Services, LLC.	
Name of Limited Liability Company		
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
_	Ailin Perez	
Name of Person		
-	AP Multi Services LLC,	
_	6690 Church Street	
	Address	
-	Jupiter, FL. 3345B	
City/State and Zip Code		
	E-mail address (to be used for future annual report notification)	
For further int	formation concerning this matter, please call:	
	Ailin Petez = 5101 3410-9037	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:	
\$125.00 Fili	ing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Street Address New Filing Section	
(Division of Corporations Division of Corporations	
\	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
\	Tallahassee, FL 32301	



November 3, 2016

AILIN PEREZ 6690 CHURCH STREET JUPITER, FL 33458

SUBJECT: AP MULTI SERVICES, LLC.

Ref. Number: W16000074698

We have received your document for AP MULTI 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 an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 716A00023723

www.sunbiz.org

Division of Comparations D.O. DOY 6297 Tollahosson Florida 2921

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

A DOTACLE DE LA LA	1120		
ARTICLE I - Name: The name of the Limited Liability Company is:	2016 NOV 22 AH 9: 06		
Must end with the words "Limited Liability Company, "L.L.C.," or "L	LISCULLIARY OF STATE		
(Must end with the words Limited Liability Company, L.C.C., of L	L(Xe)		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	any is:		
Principal Office Address: 10690 Church, St (1690 C) Jupiter, 12 33458 Jupiter,	ng Address: hurch St. FL 33458		
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:			
Name ;			
6690 Church St.			
Florida street address (P.O. Box NOT acceptable)	3458		
City State Zip			
Having been named as registered agent and to accept service of process for the above stated limblace designated in this certificate, I hereby accept the appointment as registered agent and agriculture agree to comply with the provisions of all statutes relating to the proper and complete per familiar with and accept the obligations of my position as registered agent as provided for in Registered Agent's Signature (REQUIREI	ee to act in this capacity. I erformance of my duties, and I		

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager A W 10 R	Name and Address: Ailin Perez (1690, Church St
mgr	Arlin Percz 1690 Church St Jupiter, Pl 33458
(Use attachment if necessary)	
he date of filing.)	ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as State's records.
REQUIRED SIGNATURE:	illin Pores
I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
\$125.00 Filing Fee for Articles of Organ	Filing Fees: aization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	$\overline{m_{i0}}$

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2