

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L16000225103  
FILED 8:00 AM  
December 09, 2016  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:

SELECT SERVICES OF FLORIDA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

20904 LA QUESTA CT  
BOCA RATON, FL. 33428

The mailing address of the Limited Liability Company is:

20904 LA QUESTA CT  
BOCA RATON, FL. 33428

**Article III**

The name and Florida street address of the registered agent is:

COLEEN MALMID  
20904 LA QUESTA CT  
BOCA RATON, FL. 33428

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.

Registered Agent Signature: COLEEN MALMID

Signature of member or an authorized representative

Electronic Signature: COLEEN MALMID

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Yarbrough, Lee

LLC00225103

**From:** Coleen malmid <cmalmid@hotmail.net>  
**Sent:** Tuesday, December 13, 2016 7:35 PM  
**To:** Yarbrough, Lee

Good afternoon Mr. Yarbrough,  
This is to confirm that I will not be reinstating my business under name Select Services of Florida, Inc.  
Please allow the application for Select Services of Florida LLC to be processed.  
Here is the information for my new application:

Receipt Number: 3690372537

Transaction Date/Time: 12/9/2016 2:21:10 PM Card Number: XXXX XXXX XXXX 9466 Card Type: Visa Approval Code:  
042115 Payment Amount: \$130.00 Document Number: NEW

Please contact me at 561 445-6590 with any questions.  
Thank you,  
Coleen Malmid