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K. Brumbley

#### COVER LETTER

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	New Filing Section Division of Corporations
SUBJEC	BackFlow Tech Service, LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Sean M. Collins
	Name of Person
	Firm/Company
	721 NE 4th Ave
	Address
	Fort Lauderdale / Florida / 33304
	City/State and Zip Code SMC113711@Gmail.com
	E-mail address: (to be used for future annual report notification)
For further	rinformation concerning this matter, please call:
	Sean M. Collins 321 626-6394
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125,00	Filing Fee \$\ \times \frac{\$130.00}{\text{Certificate of Status}}\$\$ fee \$\ \times \frac{\$155.00}{\text{Certified Copy}}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

BackFlow Tech Service, LLC

(Must contain 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:

Princips	<u>al Office Address</u> :		Mailing Address:
721 NE 4th Ave Fort Lauderdale, FL	33304		E 4th Ave auderdale, FL 33304
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration address of the registered	Registered Agent. Yon.)	ou must designate an individual or
	Sean M. Collins	Name	<del></del>
721 NE 4th Ave Florida street address (P.O. 1			eptable)
	Fort Lauderdale	Florida	33304

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..

State

City

Registered Agent's Signature (REOLIRED)

Zip

(CONTINUED)

### ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Sean M. Collins 721 NE 4th Ave Fort Lauderdale, FL 33304 AMBR Linnette Lopez 721 NE 4th Ave Fort Lauderdale, FL 33304 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_. (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. REOURED 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.

Sean M. Collins

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)