## 18000131753

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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: G. S. DEVANE CONTRACTED SURVICE Name of Limited Liability Company
The enclosed Articles of Organization and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GEORGE Stephen DEVANE
2410 LAKE HALL Rd.
TAll ALMSSEE, F/, 32309
Address
Steve DeVANE 32 @ GMAIL. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Delanc at 470 599-3315  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
Must contain the words "Limited	ContractED	SETUICES ILC
(Must contain the words 'Limited	Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal		
Principal Office <u>Address</u> :	<u> </u>	<u> Iailing Address</u> :
2410 lake rd Tallanessee flore		m K
Tall chassee Flore	79	
	red agent are:  S. DeVan  Name	UE_
29/0	ess (P.O. Box NOT acceptable)	
		2309
City	State 7.	ip
Having been named as registered agent and to accept se place designated in this certificate, I hereby accept the a further agree to comply with the provisions of all statute am familiar with and accept the obligations of my position in the provisions of my positions.	rvice of process for the above stat ppointment as registered agent an s relating to the proper and compl	ed limited liability company at the id agree to act in this capacity. I lete performance of my duties, and I for in Chapter 605, F.S

(CONTINUED)

The na	me and address o		- 1
<u>Title:</u> "AMB	R'' = Authorized	Member	Name and Address: S. DEVANES
	" = Manager	>	1410 / ake Hinli Rd.
			CTAHA MASSIE 41, 323
			(HIMINISEC, 41132)
		•	
/I lea a			
(030.9	ttachment if nece	ssary)	<i>i</i> 00 0
ADTICLEAS	Officetive date life	other than the dat	te of filing: 5-29-18 (OPTIONAL)
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