L 18000 168666

((Requestor's Name)
	(Address)
((Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
- 1	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only

TUE 1 3 2019

T. SCOTT



200315274172

07/05/18--01026--008 **51.25

06/11/18--01044--608 **78.75

2010 JUL II AM 8: 05
SECRETARY OF STATE

COVER LETTER

	New Filing Section Division of Corporations	
OLID IDO	ACC Brokerage LLC	
SUBJEC		imited Liability Company
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.
Please re	turn all correspondence concerning this	matter to the following:
	George Accomando	
		Name of Person
	ACC Brokerage LLC	
		Firm/Company
	380 S Hawkin Rd	
		Address
	Bartow, FL 33830	
		City/State and Zip Code
	ann@ronsonrecycling.com	
	E-mail address: (to be u	ed for future annual report notification)
For further	information concerning this matter, ple	ase call:
	George Accomando	727 831-5851
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability	Company is:		
ACC Brokerage LLC	,		
(Must conta	in the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limite	d Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
681 Cessna ST		<u>38</u>	0 S. Hawkin Rd
Bartow, FL 33830			rtow, FL 33830
another business entity with an ac	cannot serve as its ow ctive Florida registrati	n Registered Agent on.)	ent's Signature: . You must designate an individual or
The name and the Florida street a	ddress of the registere	d agent are:	
	George Accomand		
		Name	
	380 S Hawkin Roa	ad	
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)
	Bartow	FL	33830
	City	State	Zip

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..

Resistered Agent's Signature (REQUIRED)

(CONTINUED)

SECRE JARY OF SCHOOL

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	George Accomando
	380 S Hawkin Rd
	Bartow, FL 33830
AMBR	Chris Lobban
	4275 Tyle/ CICLON
	St Petersburg, FL 33709
	G , ,
	
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does a ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the fective date is listed, the date must b of filling.)	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does rement's effective date on the Departm. LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does rement's effective date on the Department's effective date in this block does remember date on the Department's effective date in this block does remember date on the Department's effective date on the Department effective date on the Department effetive date on the Department effective date on the Department effetive date on the Depa	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does rement's effective date on the Department's effective date in this block does rement's effective date on the Department's effect	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)