

3/1/2019

Division of Corporations

# L19000053392

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: landryphil@gmail.com

## FLORIDA LIMITED LIABILITY CO.

### Complete Sales Success, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

2019 MAR 31 PM 3:10

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19 MAR 31 PM 1:00  
TALLAHASSEE, FLORIDA



## COVER LETTER

**March 1, 2019**

To: New Filing Section  
Division of Corporation

**Subject: Complete Sales Success, LLC  
Name of Limited Liability Company**

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**Kalpesh J. Patel, Esq.**  
**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**

**Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com**

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Articles Of Organization**  
**For**  
**Complete Sales Success, LLC**  
**A**  
**Florida Limited Liability Company**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: Complete Sales Success, LLC (the Company).

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Company is 1609 Fieldfare Court, Dunedin, Florida 34698.

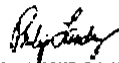
**ARTICLE III**

**Registered Agent, Registered office, & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

Philip J. Landry  
1609 Fieldfare Court  
Dunedin, Florida 34698

*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..*



(sign)

(CONTINUED)

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19 MAR 31 PM 1:00  
CLERK OF CIRCUIT COURT  
IN AND FOR FLORIDA

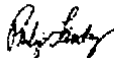
**ARTICLE IV:**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u>                              | <u>Name and Address</u>   |
|---|---|
| AMBR = Authorized Member<br>MGR = Manager |   |
| <u>AMBR</u>                               | <u>Philip J. Landry</u><br>1609 Fieldfare Court<br>Dunedin, Florida 34698 |

**ARTICLE IV:**

The Effective date shall be the date of filing.

 (sign)

**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.

Philip J. Landry  
Authorized Representative/Member

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19 MAR 31 PM 1:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA