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COVER LETTER

D	ivision of Corporations	F.				
SUBJECT	A CLASS SERVICES, LLC					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ne	ame of Limited Liability Company				
The enclos	sed Articles of Organization and	d fee(s) are submitted for filing.				
Please retu	ırn all correspondence concerni	ing this matter to the following:				
	STEVEN BEYE					
		Name of Person				
	A CLASS SERVICES, L.L.	C.				
	Firm/Company					
	2360 S W 51 COURT					
		Address				
	FT. LAUDERDALE, FLOR	IDA 33312 (33312)				
		City/State and Zip Code				
-	SBEYE48@GMAIL.COM F-mail address: (to be used for future annual report notification)				
	all lower case information concerning this ma	City/State and Zip Code to be used for future annual report notification) tter, please call:				
1 of farther	-	264 276 (252				
	STEVEN BEYE	754 366-6352				
	Name of Person	Area Code Daytime Telephone Number				
Enclosed i	s a check for the following amo	ount:				
\$125.00 F	_	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,				
	Mailing Address New Filing Section	Street Address New Filing Section				
	Division of Corporatio P.O. Box 6327	ns Division of Corporations Clifton Building				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

A CLASS SERVICE	CES, L.L.C. 200	·		
(Must co	ntain the words "Limited Liabi	ility Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal office	of the Limited Lia	ability Company is:	
Princ	ipal Office Address:		Mailing Address:	
2360 S W 51 COU	JRT	2360 S	2360 S W 51 COURT	
	ALE, FLORIDA 33312	FORT I	LAUDERDALE, FLORID	A_33312
	gent, Registered Office, & R			ual or
The Limited Liability Compa	ny cannot serve as its own Reg			<u>.</u>
The Limited Liability Compa inother business entity with a	ny cannot serve as its own Reg	istered Agent. You		<u>.</u>
The Limited Liability Compa inother business entity with a	ny cannot serve as its own Reg n active Florida registration.)	istered Agent. You		<u>.</u>
The Limited Liability Compa inother business entity with a	ny cannot serve as its own Reg n active Florida registration.) et address of the registered age STEVEN BEYE	istered Agent. You		ual or 19 JUH -3
The Limited Liability Compa inother business entity with a	ny cannot serve as its own Reg n active Florida registration.) et address of the registered age STEVEN BEYE	istered Agent. You		<u>.</u>
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Reg n active Florida registration.) et address of the registered age STEVEN BEYE Na	istered Agent. You nt are:	u must designate an individ	19 JUH -3 AM
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Reg n active Florida registration.) et address of the registered age STEVEN BEYE Na 2360 S W 51 COURT	istered Agent. You nt are:	u must designate an individ	19 JUH -3

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.

Registered Agent's Signature (REQUIREL

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	STEVEN BEYE, MGR.
	2360 S W 51 COURT
	FORT LAUDERDALE, FLORIDA 33312
	TOKT ENODERDALIS, LEOKIDA 33312
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	<u> </u>
(Use attachment if necessary)	
ICLEV: Effective date if other than the date of fill	ng: (OPTIONAL)
n effective date is listed, the date must be specific	and cannot be more than five business days prior to or 90 days aft
late of filing.)	
e: If the date inserted in this block does not meet the	ne applicable statutory filing requirements, this date will not be listed
document's effective date on the Department of Sta	
document serieure date on the Department of our	te a records.
TCLE VI: Other provisions, if any.	
·	
REQUIRED SIGNATURE:	
	$\mathcal{P}_{\mathcal{A}}$
y sura	1 ans
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 infor	rmation submitted in a document to the Department of State
constitutes a third degree felor	ny as provided for in s.817.155, F.S.
STEVEN BEYE	ned or printed name of signee

as

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)