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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO:	New Filing Section Division of Corporations	13 OCT 29 Fr. 2:50 Services LLC
SUBJE	CT: BAM Reliable Name of	Errand and Courier Et
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this	s matter to the following:
	Anastasia	Name of Person
	BAM Reliabl	Le Errand and Courier Et LL Firm/Company
	21 Glades	Address
	BAM reliable	City/State and Zip Code City/State and Zip Code Sed for future annual report notification)
For furth	er information concerning this matter, pl	ease call:
	Anastasia MCGat Name of Person	(773) 793 - 1140 Area Code Daytime Telephone Number
	d is a check for the following amount: O Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia					Gervices
RAM	Reliable	Errand	and	Courier	- HECKIC
(Must o	contain the words "Limited Li	ability Company, "L.L.C	," or "LLC.")		
ARTICLE II - Address:	et address of the principal off	Tana Caba I implement timbile	itu Campanu ia		

Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Anastasia McGee

al Hades Ave

Tarpon Spring FL 34689

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 (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager AMBR" = Manager (Use attachment if necessary) "ICLE V: Effective date, if other than the date of filing:	Anastasia McGee Al Glades Ave arpon Springs FL 34689
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:	21 Glades Kulz
TICLE V: Effective date, if other than the date of filing:	
TICLE V: Effective date, if other than the date of filing:	ر. د.خ
TICLE V: Effective date, if other than the date of filing:	
n effective date is listed, the date must be specific and can late of filing.) e: If the date inserted in this block does not meet the applic document's effective date on the Department of State's reco	(OPTIONAL)
document's effective date on the Department of State's reco	not be more than five business days prior to or 90 days afte
ICLE VI: Other provisions if any	
TOBE THE GUAR PROTECTION AND	
REQUIRED SIGNATURE:	0
Signature of a member or an a This document is executed in accorda	

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Anastasia McGee
Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)