

L200000000176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

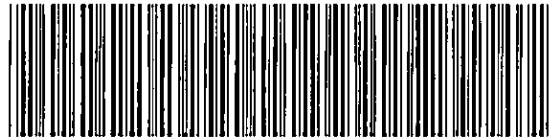
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400338544114

01/02/20--01001--012 \*\*125.00

2019 DEC 30 PM 3:24

2019 DEC 30 PM 12:36

M SIMMONS

DEC 30 2020

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Guaranteed Local Services, LLC.  
(Corporation Name) Document #  
2. \_\_\_\_\_  
(Corporation Name) Document #

☒ Walk in \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Mail out \_\_\_\_\_ Will wait

\_\_\_\_\_ Photocopy \_\_\_\_\_ Certified Copy

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
☒ Limited Liability  
\_\_\_\_\_ Domesitication  
\_\_\_\_\_ Other

**AMMENDMENTS**

\_\_\_\_\_ Amendment  
\_\_\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_\_ Merger

**OTHER FILINGS**

\_\_\_\_\_ Annual Report  
\_\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign  
\_\_\_\_\_ Limited Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ Trademark  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Guaranteed Local Services, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8643 Warwick Shore Xing

Orlando, Florida 32829

Mailing Address:

8643 Warwick Shore Xing

Orlando, Florida 32829

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:

Kevin Rubel

Name

8643 Warwick Shore Xing

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL

32829

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 OCT 30 PM 12:36

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Kevin Rubel

8643 Warwick Shore Xing

Orlando, FL 32829

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

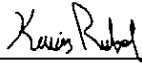
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**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.

Kevin Rubel (Member)

Typed or printed name of signee

**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)**

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Guaranteed Local Services, LLC

(Corporation Name)

Document #

2. \_\_\_\_\_

(Corporation Name)

Document #

☒ Walk in

\_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Mail out

\_\_\_\_\_ Will wait

\_\_\_\_\_ Photocopy

\_\_\_\_\_ Certified Copy

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit

\_\_\_\_\_ Not for Profit

☒ Limited Liability

\_\_\_\_\_ Domesitication

\_\_\_\_\_ Other

**AMMENDMENTS**

\_\_\_\_\_ Amendment

\_\_\_\_\_ Resignation of R. A. Officer/Director

\_\_\_\_\_ Change of Registered Agent

\_\_\_\_\_ Dissolution/Withdrawal

\_\_\_\_\_ Merger

**OTHER FILINGS**

\_\_\_\_\_ Annual Report

\_\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign

\_\_\_\_\_ Limited Partnership

\_\_\_\_\_ Reinstatement

\_\_\_\_\_ Trademark

\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_