## L20000275967

(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:





200346089742

06/23/20--01017--023 \*\*160.00

W20000069052 Derrick Thopson

## COVER LETTER

TO:	New Filing Division of	Section Corporations							
SUBJEC	Troy's I	tome Services LLC.							
	· · · · · · · · · · · · · · · · · · ·	Name of	Limited Lia	oility Company					
The enel	osed Articles	of Organization and fee(s	) are submitt	ed for filing.					
		spondence concerning this							
	Troy Patto	nn							
	<del></del>		Name o	of Person					
	Troy's Ho	me Services LLC.							
	Firm/Company								
	3906 Bedf	ord Ave.							
	<del></del>		Add	ress					
	Winter Hav	ven, Ft. 33884							
	coastertroy6	2@yahoo.com	City/State as	nd Zip Code					
		E-mail address: (to be use	d for future	annual report notifica	ition)				
For further i	nformation co	oncerning this matter, plea	se call:						
	Troy Patton	· · · · · · · · · · · · · · · · · · ·	863	944-4118					
		Area Code	Daytime Telephor	ne Number					
Enclosed is	a check for t	he following amount:							
□\$125.00		□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailin	g Address		Stroot Add-oos					

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Troy's Home Service		··		
(Must con	tain the words "Limited	Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Addres	<u>s</u> :
3906 Bedford Ave.		Sam	ne	
Winter Haven, Fla.				
33884				
	_			
·	·			 
	address of the registered	I agent are:		÷
The name and the Florida street	address of the registered	I agent are: Name	ccéptable)	<u>:</u> _
	address of the registered Lace Patton  3906 Bedford Ave.	I agent are: Name	ccéptable) 33884	<u>i-</u>
•	Lace Patton  3906 Bedford Ave. Florida street addres	l agent are:  Name s (P.O. Box NOT ac		<u></u>

(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 MGR\_ Troy Patton 3906 Bedford Ave. Winter Haven FL. 33884 (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

Troy Patton

Typed or printed name of signee

Filing Fees:

\$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)

\$ 5.00 Certificate of Status (Optional)