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 : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

: (516)935-3088 Fax Number

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

Email Address: coreyquick4884@gmail.com

# FLORIDA LIMITED LIABILITY CO. SOUTHEAST BUILDING SERVICES LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

15168822966

## SOUTHEAST BUILDING SERVICES LLC

(Must end with 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:

Mailing Address:

802 E 23RD AVE

NEW SMYRNA BEACH, FL 32169

802 E 23RD AVE

NEW SYMRNA BEACH, FL 32169

## 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:

**COREY QUICK** 

Name

802 E 23RD AVE

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

**NEW SMYRNA BEACH** 

FL 32169

City

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)

**COREY QUICK** 

(CONTINUED)

Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	COREY QUICK
AMON	802 E 23RD AVE
	NEW SMYRNA BEACH, FL 32169
(Use attachment if necessary)	
effective date is listed, the date must be:	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
effective date is listed, the date must be a te of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
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effective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.	
effective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a regular of a regul	
effective date is listed, the date must be te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a regular of a regul	manber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State