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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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TO:	New Filing Section Division of Corporations	:
SUBJE	Accurate Service Repair, LLC	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	of Limited Liability Company
The enc	losed Articles of Organization and fo	ee(s) are submitted for filing.
Please r	eturn all correspondence concerning	this matter to the following:
	Teivy Regalado	
		Name of Person
	Accurate Service Repair	
		Firm/Company
	2454 Metfield Drive Apt. 4301	
		Address
	Melbourne, FL 32940	
		City/State and Zip Code
	accurateapplservice(a/gmail.com	
		pe used for future annual report notification)
For furthe	r information concerning this matter	please call:
	Teivy Regalado	215 391-7866 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	I is a check for the following amoun	ti !
□\$125.	00 Filmg Fee ■\$130.00 Filing Certificate of Sta	
	<u>Mailing Address</u>	Street Address
	New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
	P.O. Box 6327	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303



2022 JUL 27 AH 10: 42



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2022

TEIVY REGALADO 2454 METFIELD DRIVE APT. 4301 MELBOURNE, FL 32940

SUBJECT: ACCURATE SERVICE REPAIR, LLC

Ref. Number: W22000093911

We have received your document for ACCURATE SERVICE REPAIR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

CONFLICTED NO: P04000029752,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal (850) 245-6052.

Hyacinth LeBlanc Regulatory Specialist II

Letter Number: 422A00015945

If you have additional questions or need further assistance, please calls the Division of Corporations at (850) 245-6052 and press 4. Your call will be answered in the order it is received.

Hyacinth LeBlanc ANNUAL REPORTS SECTION

Letter number: 422A00015945

New Filing Section

Her grado

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	y Company, "L.L.C.," or "LLC.") The Limited Liability Company is: Mailing Address: 2454 Metfield Drive	
	Mailing Address: 2454 Metfield Drive	
	Mailing Address: 2454 Metfield Drive	
	Mailing Address: 2454 Metfield Drive	
Office Address:	2454 Metfield Drive	
	Apt 4301	
	Melbourne, FL 32940	
'eivv Regalado		
eivy Regalado Name		
Name	91	
Name 454 Metfield Drive Apt 43	91	
) (not serve as its own Registe e Florida registration.)	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an individue Florida registration.) ess of the registered agent are:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 JUL 27 PH 4: 17

SEUNCHARY OF STATE
TALLAHASSEE, FLORIDA

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	
AMBR	Teivy Regalado 2454 Metfield Drive Apt 4301 Melbourne, FL 32940
MGR	Marla Regalado 2454 Metfield Drive Apt 4301 Melbourne, FL 32940
	ZOZZ JULL
	27 PR
(Use attachment if necessary)	PRID RID
If an effective date is listed, the date must be s ne date of filing.)	te of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is exec I am aware that any fal	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Lyy

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)