

L22000035 6669

(Requestor's Name)

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S. CHATHAM
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JANET L. HARRIS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Signature Home Maintenance, LLC.

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____ Art of Inc. File _____
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____ UCC 11 Search _____
____ UCC 11 Retrieval _____

Signature

Requested by: SN

08/15/22

Name

Date

Time

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Signature Services of South Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Wallace Jones

Name of Person

Firm/Company

1501 S. Ocean, Blvd., #101

Address

Pompano Beach, Florida 33062

City/State and Zip Code

Jim@speedtestinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Wallace Jones at (410) 627-7373
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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



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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Signature Services of South Florida, 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:

7050 W Palmetto Park Rd, Suite 15-548
Boca Raton, Florida 33433

Mailing Address:

1501 S. Ocean Blvd., #101
Pompano Beach, Florida 33062

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:

James Wallace Jones

Name

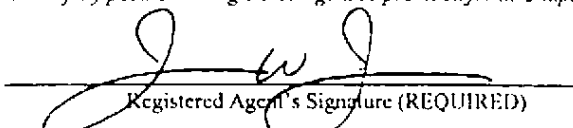
1501 S. Ocean Blvd., #101

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

Pompano Beach Florida 33062

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)

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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:

MGR

Anamara Robinson Jones
1501 S. Ocean Blvd., #101
Pompano Beach, Florida 33062

MGR

James Wallace Jones
1501 S. Ocean Blvd., #101
Pompano Beach, Florida 33062

(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.

James Wallace Jones

Typed or printed name of signee

Filing Fees:

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

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DEPARTMENT OF
STATE
AT THE
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SECTION