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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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Special Instructions to	Filing Officer:
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TIPETATIONS OFFICE

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COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT:	Rollins Co Name of Lim	on a tale L.L.C. ited Liability Company	. ·
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
	OmmyherRo	Name of Person	
	<u></u>	Firm/Company	
		Address	
2030	Pemberton Ci	6+	
	Allahussee,	ty/State and Zip Code 「「ペ、 3 230 ⁵ for future annual report notificati	
	ncerning this matter, please	-	· · · · ·
To mmy Nam	ROllings at (at (at (at (そらで) フロード ea Code Daytime Telephon	345 c Number
Enclosed is a check for the	ne following amount:		
□\$125.00 Filing Fee		□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address ling Section	Street Address New Filing Section Di	ivision

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

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

A	₽1	Ľ	(1	F	ſ _	Name
13	n.			L.F.	-	

The name of the Limited Liability Company is:

(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:

<u>Principal Office Address</u>:

Mailing Address:

2039 Pemburton C TRIMMRSSON DUR 32309

2039 Pimbrolow Ct

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:

Name Ralling

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

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:	Name and Address:
← AMBR" = Authorized Member	
"MGR" = Manager	
15 84 p 3:	Tommy Halling
	TANANA Y LE YIM, 32300
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ocument's effective date on the Department CLE VI: Other provisions, if any,	n of State's records.
REQUIRED SIGNATURE:	
To the	my Rollins
Signature of a r	member or an authorized representative of a member.
This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fal	tated in accordance with section 605.0205 (17(b), 1 fortida statutes.
	lse information submitted in a document to the Department of State
constitutes a third degi	lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
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\$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional)	lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed.or printed name of signee Filing Fees: Drganization and Designation of Registered Agent
\$125.00 Filing Fee for Articles of C	lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed.or printed name of signee Filing Fees: Drganization and Designation of Registered Agent

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