

\*\*please honor original submission date of 4/05/24

\*\*please honor original submission date of

L24000160568

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.

((H24000125530 3)))



H240001255303ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC. Account Number : I2016000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO. SERVICE PROMISE LLC

\*\*please honor original submission date of 4/05/24

\*\*please honor original submission date of 4/05/24

Table with 2 columns: Item Name and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$155.00).

2024 APR 8 PM 4:15

850-617-8381

4/8/2024 1:53:51 PM PAGE 1/001 Fax Server



April 8, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES

SUBJECT: SERVICE PROMISE LLC  
REF: W24000055825

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

FAX Aud. #: H24000125530  
Letter Number: 524A00007521

H24000125530

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: Service Promise 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:

Martina Rudelli Lábatte  
Name of Person

Capitol Services - Corporate Filings Team  
Firm/Company

515 East Park Avenue 2nd Fl  
Address

Tallahassee, FL 32301  
City/State and Zip Code

mrudelli@smblaw.group  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martina Rudelli at ( 855 ) 498 - 5500  
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**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H24000125530

H24000125530

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Service Promise 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:**

16 Pioneer Drive, Hillsborough, NJ 08844

**Mailing Address:**

16 Pioneer Drive, Hillsborough, NJ 08844

**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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd Fl

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

Tallahassee FL 32301

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.*



Kim Tadlock, as Asst. Sec. on behalf of

Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000125530

H24000125530

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

\*AMBR\* = Authorized Member

\*MGR\* = Manager

Manager

**Name and Address:**

Adam Metauro 16 Pioneer Drive, Hillsborough, NJ 08844

(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.

Adam Metauro

Typed or printed name of signer

**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)

H24000125530