# M0700000512

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION



January 17, 2007

YIGAL LAMPERT 4651 S LAKESHORE DR #1003 TEMPE, AZ 85282

SUBJECT: COMPLETE SERVICES LLC

Ref. Number: W07000002522

We have received your document for COMPLETE SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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 call (850) 245-6851.

Gina McLeod Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 307A00003842

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# **COVER LETTER**

TO. Pari	testion Castion			
•	stration Section			
DIVIS	tion of Corpora	Lions		
OUNTECT.	Complete Ser	vices LLC		
SUBJECT:	- Compros con		had I takiliha Camana	<del></del>
		(Name of Limi	ited Liability Company)	
Florida," Cer	rtificate of Exis	-		orization to Transact Business in sove referenced foreign limited
Please return	all correspond	ence concerning this m	atter to the following:	
	Yigal Lam	pert		,
		(Na	me of Person)	<u></u>
		•	·	
	Complete S	ervices, LLC		
		(Fir	m/Company)	
	4651 s La	keshore DR #1.06	3 #2	
			(Address)	
	Tempe, A	7 95282		
	19Hipe, ~	<del></del>		
	•	(City/Sta	te and Zip Code)	
<b>5</b> 6 4 .			••	
For further in	normation conc	cerning this matter, plea	ise call:	
Yiga	l Lampert		at (480 ) 730 9	700
		e of Person)		me Telephone Number)
	(2100)	c 01 1 015011)	(Alex Cour & Days	nie Telephone Nuniber)
MAII	LING ADDRE	<b>SS:</b>	STREET ADDRESS:	
	ion of Corporat		Division of Corporation	15
	30x 6327		Clifton Building	
	nassee, FL 3231	14	2661 Executive Center	Circle
- <del></del>		-	Tallahassee, FL 32301	
	_		•	
		ollowing amount:	<b></b>	
<b>□\$12</b> 5	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of S	Status Certified Copy	S160.00 Filing Fee, Certificate of Status & Certified Copy

Adam

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company) icops county, Arizons 3. diction under the law of which foreign limited liability (PEI number, if applicable)	
icopa county, Arizona 3.	
Mind on an death, I have a faithful familian limited Babilla. / Bill number if nonline la	
Many is organized)	-
7/2006 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company of exist or "perpetual")	will cosse to
V2007	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
51 S Lakeshore DR #2	
mpe, AZ, 85282	
(Street Address of Principal Office)	
imited liability company is a manager-managed company, check here	
name and usual business addresses of the managing members or managers are as folio	ws:
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COT JAMPER	<u></u>
34 w Enfeld wey	
andler, 12, 85 248	
•	custody of recor
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diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign on of the certificate under ceth of the translator must be submitted.)  atture of business or purposes to be conducted or promoted in Florida:  bile Locksmith Service  Signature of a member of an authorized representative of a member. (In accordance with section 604-404(3), F.S., the execution of this document constitutes	O7 JAN
diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign on of the certificate under outh of the translator must be submitted.)  atture of business or purposes to be conducted or promoted in Florida:  bile Locksmith Service  Signature of a member by an authorized representative of a member.	07 JAN 25
diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign on of the certificate under onth of the translator must be submitted.)  ature of business or purposes to be conducted or promoted in Florida:  bile Locksmith Service  Signature of a member of an authorized representative of a member. (In accordance with section 604,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	07 JAN 25 PH

Adam

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The na	me of the Limited Liability Company is:
Comple	te Services, LLC
2. The na	me and the Fiorida street address of the registered agent and office are:
	InCorp Services, Inc.
	(Name)
	17888 67th Court North,
	Florida Street Address (P.O. Box MOT ACCEPTABLE)
	Loxahatchee, FL 33470 FL
	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 608, Florida Statutes.

Sarah Hilson on behalf of elecorp Services, Inc.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



# STATE OF ARIZONA



#### Office of the

## CORPORATION COMMISSION

#### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do hereby certify that

## \*\*\*COMPLETE SERVICES, LLC\*\*\*

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 17th day of January 2006.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 10th Day of January, 2007, A. D.

Executive Director