65682

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COVER LETTER

Division of Corporations
SUBJECT: JOHN CANADAY Home Bus. MAINT. 4 Repair 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:
JOHNMCANADAY SR (Name of Operson)
JOHN CANADAY Home Bus. MAINT. & Repair LLC
Rt 1 Box 1240
S+ GEORGE, GA 31562 (City/State and Zip Code)
For further information concerning this matter, please call: 10 H AVADAY SR at 912 843-2100 (Name of Person) (Area Code & Daytime Telephone Number) Cett 904-626-1383 Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{ S130.00 Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Registration Section Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661-Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	nel Bus. MAINT & KepA	fir LL	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
The mailing address and street address of the pr	rincipal office of the Limited Liability Com	pany is:	
Principal Office Address:	Mailing Address:		
Rt 1 Box 1240	SAMe		
St GEORGE, GA			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individual or another	:	
The name and the Florida street address of the results of the resu	SADAY SR <u>ECSON</u> <u>Ave.</u> dress (P.O. Box <u>NOT</u> acceptable) Ve. FL 32208	SECRETARY OF LOOP OF JUN 21 AH II: 00	The state of the s

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member Total Canaday Sa Rt 120x 1240 St 6-60866 6A 31562 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

. (OPTIONAL)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

ARTICLE V: Effective date, if other than the date of filing: ______

Typed or printed name of signee

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)