L09000019858

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
	ty/State/Zip/Phone	a #\
(C)	ty/State/Zip/Filone	σ π)
PICK-UP	☐ WAIT	MAIL
, (Bu	isiness Entity Nar	ne)
·		
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
,,	G	





200144568402

02/27/09--01033--023 **160.00

B. KOHR

MAR - 2 2009

EXAMINER

9FEB 27 PM 4: 2

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	FCT. Perfect	Solution - Manag	gement Serv	rice, LLC.	
30130	ECT	· · · · · · · · · · · · · · · · · · ·	ted Liability Compa		
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing	·•	09 FE
Please	return all correspo	ndence concerning this mat	ter to the following:	•	
	Christophe	r M. Darbeau			85.5
			(Name of Person)		20
	Perfect So	lution - Managem	nent Service,	, LLC.	
	** ***********************************		(Firm/Company)		
	10975 SW	239th Terrace			V 2
			(Address)		
	Homestead	i, FL 33032			
		(Ci	ty/State and Zip Code))	***************************************
For fu	rther information o	oncerning this matter, pleas	e call:		
Chri	istopher M.	Darbeau	at (305)	257-477	5
	(Name o	of Person)	(Area Code	& Daytime Tele	ephone Number)
Enclo	sed is a check for	the following amount:			
□\$12 5	.00 Filing Fee 【	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	3:
Perfect Solution - Management Se	
(Must end with the words "Limited Lial	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	winding of the Common in
The maning address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10975 SW 239th Terrace	10975 SW 239th Terrace
Homestead, FL 33032	Homestead, FL 33032
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the Benett V. Darbeau	istered Agent. You must designate an individual or another
Nam	e 2 7
10975 SW 239th Te	errace SSS 7 P
Florida street a	ddress (P.O. Box NOT acceptable)
Homestead, FL 330	errace ddress (P.O. Box NOT acceptable) 032 _{FL}
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and vistored agent as provided for in Chapter 608, F.S.

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Benett V. Darbeau	
	10975 SW 239th Terrace	
	Homestead, FL 33032	
MGR	Christopher M. Darbeau	
	10975 SW 239th Terrace	
	Homestead, FL 33032	
With a shake the first control of the state		
(Use attachment if necess	у)	W
LE V: Effective date, if ot	er than the date of filing:	(OPTIONA
ffective date is listed, the d	te must be specific and cannot be more than five	business day

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

(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.)

Christopher M. Darbeau

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)