

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734
Kathi or Brent

L010000014282

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Samples Maintenance, LLC 000004551840--4
(Corporation Name) (Document #)
-08/23/01--01007--020
***125.00 ***125.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in
☐ Mail Out

- ☒ Pick up time 8/23
☐ Will wait

☒ Photocopy Stamped

- ☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

NOT ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 AUG 23 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

01 AUG 23 PM 12:39

RECEIVED

FILED

APPROVED
AND
FILED

Examiner's Initials JB

ARTICLES OF ORGANIZATION
SAMPLES MAINTENANCE, LLC
A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is SAMPLES MAINTENANCE, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

529 N. LAKE JESSUP AVENUE
OVIEDO, FLORIDA 32765
4. **Mailing Address.** The mailing address of the limited liability company is:

P. O. BOX 622069
OVIEDO, FLORIDA 32762-2069
5. **Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.
6. **Period of Duration.** The period of duration shall be perpetual.
7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the initial member(s).
9. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are::

MARY LOUISE SAMPLES
529 N. LAKE JESSUP AVENUE
OVIEDO, FLORIDA 32762-2069

Having been named as registered agent and to accept service of process for the above stated limited

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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 provisional 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.

Mary Louise Samples
MARY LOUISE SAMPLES

8. **Effective Date.** The effective date of the limited liability company shall be:

DATE OF FILING

Mary Louise Samples
MARY LOUISE SAMPLES
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

APPROVE
AND
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