

Division of Corporations Public Access System

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Division of Corporations

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Account Name : HUBCO-

Account Number: 104662003400 Phone: (516)935-3940 Fax Number: (516)935-3088

## LIMITED LIABILITY COMPANY

Property Maintenance & Repair LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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SECRETARY OF STATE DIVISION OF CORFORATIONS

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## ARTICLES OF ORGANIZATION FOR

H04000046754

## FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Property Maintenance & Repair LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
818 Northeast 13th Avenue	818 Northeast 13th Avenue
Ocala, FL 34470	Ocala, FL 34470
ARTICLE III - Registered Agent, 1	Registered Office & Registered Agent's Signature
The name and Florida street address of the re	•
	Michael Gregory
,	Name
	818 Northeast 13th Avenue
<u></u>	(P.O. Box or Mail Drop Box NOT Acceptable)
	Ocala, FL 34470
<del></del>	(City / State / Zip)
at the place designated in this certificate, capacity. I further agree to comply with to of my duties, and I am familiar with and a Chapter 608, F.S.	Inditional description of process for the above stated limited liability company I hereby accept the appointment as registered agent and agree to act in this is provisions of all statutes relating to the proper and complete performance accept the obligations of my position as registered agent as provided for in the proper and complete performance accept the obligations of my position as registered agent as provided for in the proper and complete performance accept the obligations of my position as registered agent as provided for in the proper and complete performance accept the obligations of my position as registered agent as provided for in the proper and complete performance accept the obligations of my position as registered agent as provided for in the proper and complete performance accept the obligations of my position as registered agent as provided for in the proper and complete performance accept the obligations of my position as registered agent as provided for in the proper and complete performance accept the obligations of my position as registered agent as provided for in the proper accept the obligations of my position as registered agent as provided for in the proper accept the obligations of my position as registered agent as provided for in the proper accept the proper
	\$ Visit

SECRETARY OF STATE 754

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	(s) or Managing Member(s):  Manager or Managing Member is as follows:	H04000046754
<u>Title:</u> "MGR"=Manager "MGRM"=Managing Membe	Name and Address:	
MGRM	Michael Douglas Gregory- 818 Northeast 13th Avenue, O	cala, FL 34470
(Use attachment if necessary)		-
REQUIRED SIGNATURE:		
$\mathbf{X}_{rac{\mathrm{Sign}}{}}$	Makan Transland Representative of a member.	
docum	cordance with section 608.408(3), Florida Statutes, the execution clent constitutes an affirmation under the penalties of perjury that therein are true. )	
	Michael Douglas Gregory	
	Timed or printed name of signal	

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