

W04000048277

00789-00524-00671 \* operating agreement

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

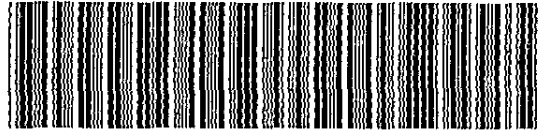
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W04-19991



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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIVAD MAINTENANCE SERVICES 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:

John A Davis

(Name of Person)

SIVAD MAINTENANCE SERVICES LLC

(Firm/Company)

1465 EDDY RD

(Address)

JACKSONVILLE FL 32211-6224

(City/State and Zip Code)

For further information concerning this matter, please call:

John A Davis

(Name of Person)

at

( 904 ) 910-8868

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 24, 2004

JOHN A. DAVIS  
SIVAD MAINTENANCE SERVICES LLC  
1465 EDDY RD  
JACKSONVILLE, FL 32211-6224

SUBJECT: SIVAD MAINTENANCE SERVICES LLC  
Ref. Number: W04000019991

We have received your document for SIVAD MAINTENANCE 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):

You must complete the attached ARTICLES OF ORGANIZATION for this Limited Liability Company. We do not file the Operating Agreement.,

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 504A00036230



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 16, 2004

JOHN A. DAVIS  
SIVAD MAINTENANCE SERVICES LLC  
1465 EDDY RD  
JACKSONVILLE, FL 32211-6224

SUBJECT: SIVAD MAINTENANCE SERVICES LLC  
Ref. Number: W04000019991

We have received your document for SIVAD MAINTENANCE 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):

We only received one page of the Articles of Organization, it is a two page form. Please complete the attached page and return the entire document for processing.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 304A00040298

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SIVAD MAINTENANCE SERVICES LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1465 EDDY RD

JACKSONVILLE FL 32211-6224

**Mailing Address:**

1465 EDDY RD

JACKSONVILLE FL 32211-6224

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

John A. Davis

Name

1465 EDDY RD

Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FLORIDA 32211-6224

City, State, and 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..*

  
Registered Agent's Signature

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**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

**Name and Address:**

John A DAVIS MGR

1465 EDDY RD

JACKSONVILLE FL 32211-6224

Cheryl L. DAVIS MGRM

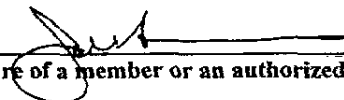
1465 EDDY RD

JACKSONVILLE FL 32211-6224

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

John A DAVIS

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)