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04 AUG 13 AM 11:33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

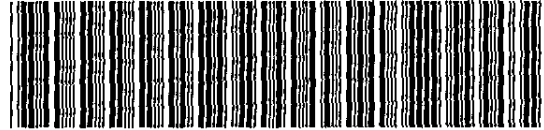
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 AUG 13 AM 11:32

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TRANSMITTAL LETTER

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TALLAHASSEE, FLORIDA
04 AUG 13 AM 11:38

TO: Registration Section
Division of Corporations

SUBJECT: JACK OF ALL TRADES Maintenance L.L.C.
(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 L. Chamberlain
(Name of Person)

JACK OF ALL TRADES Maintenance L.L.C.
(Firm/Company)

1297 Riverview RD.
(Address)

Havana FL 32333
(City/State and Zip Code)

For further information concerning this matter, please call:

John L. Chamberlain at (850) 284-6886
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

04 AUG 13 AM 11:33

Jack of All TRADES maintenance L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1297 Riverview RD.
Havana FL 32333

SAME

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

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

John L. Chamberlain
Name

1297 River View RD.

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

Havana FL 32333

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, F.S.

[Signature]
Registered Agent's Signature

(CONTINUED)

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

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

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04 AUG 13 AM 11:33

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:


MGRM

John L. Chamberlain
1297 Riverview RD
Havana FL 32333

(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 L. Chamberlain

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)