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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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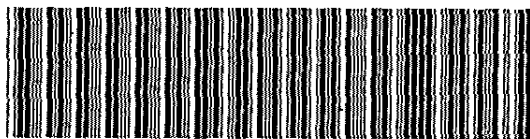
(Business Entity Name)

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04 AUG 23 PM 1:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMUNITY MAINTENANCE TEAM, 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:

BOBBY M. CRUME
(Name of Person)

COMMUNITY MAINTENANCE TEAM
(Firm/Company)

2758 W. ATLANTIC BLVD #51
(Address)

POMPANO BEACH, FL 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

BOBBY M. CRUME at (954) 816 3398
(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMMUNITY MAINTENANCE TEAM, LLC

ARTICLE II - Address:

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

Principal Office Address:

2758 W ATLANTIC BLVD #51

POMPANO BEACH, FL 33069

Mailing Address:

PO BOX 770751

CORAL SPRINGS, FL 33077

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

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

TAWNY L. CRUME

Name

8029 NW 71ST CT

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

TAMARAC, FLORIDA

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 13 PM 1:56

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:

MGRM

BOBBY M. CRUME

940 CORAL RIDGE DR. # 204

CORAL SPRINGS, FL 33071

MGRM

TAWNY L. CRUME


8029 NW 71ST CT

TAMARAC, FL 33321

(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.)

Tawny L. Crume
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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)