

Division of Corporations

Pagina 1 de 1

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

LIMITED LIABILITY COMPANY

Specialty Building Maintenance, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
Specialty Building Maintenance, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
4421 Commons Drive East # 309
Destin, FL 32541

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:
Tommy Silva, Sr.
4421 Commons Drive East # 309
Destin, FL 32541

Having been named as registered agent 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..


TOMMY SILVA, SR.

Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

H040002342353

H04000234235 3

PAGE 2 Specialty Building Maintenance, LLC

ARTICLE V. MEMBERS (optional)

Managing Member:

Silva's Consolidated Interests, Inc.
4421 Commons Drive East # 309
Destin Florida 32541

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SILVA'S CONSOLIDATED INTERESTS, INC.
TALLAHASSEE, FLORIDA



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.

TOMMY SILVA, SR.

Typed or printed name of signee

H04000234235 3