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|---|
| (Requestor's Name)                      |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Blade's Property Maintenance, 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:  |
| Terry A. Blade (Name of Person)  |
| (Firm/Company)   |
| (Firm/Company)  (Firm/Company) |
| Jackson ville, FL 32207 (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Terry A. Blade at (904) 476-2153 (Name of Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:  |
| ☐ \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{☐ \$160.00 Filing Fee, Certified Copy} \text{(additional copy is enclosed)}                            |
| STREET ADDRESS: Registration Section Division of Corporations P.O. Box 6327                       |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

| ARTICLES OF ORGANIZATION FOR FL   | ORIDA LIMITED LIABILITY COMPANY             |  |  |
|---|---|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is:   | PM 2: 32 SEE, FLORITO                       |  |  |
| Blade's Property Ma   | interance, 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:                            |  |  |
| Jacksonville, FL 32259  | 2334 Broadmoor Ln.<br>Jacksonvilk, FC 32207 |  |  |

<u>.</u>

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

Name

2334 Broadmoor Ln.

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

Jacksonville, FL 32207

City, State, and Zip

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

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..

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address:  |
|--|--|
| MC-R   | Terry A. Rlade<br>2334 Breadmoor Ln.<br>Sacksonville, FC 32207 |
|  |  |
|  | FILED<br>NUT CORPOR<br>PEEE, FE                                |
| (II. a otta alamant i Succession)                      | ON STORY   |
| (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)