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(Requestor's Name)			
(Address)	—		
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( (danses),			
(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: Jay	S Hov	ne Mainten Liability Company)	rance LLC
	(1 value of Paliate	Liudini, Company,	
The enclosed Articles of Organization	on and fee(s) are su	bmitted for filing.	
Please return all correspondence cor	ncerning this matter	to the following:	
	y And	devson	
•	(1)	lame of Person)	
	(F	Firm/Company)	
8001	SW	55 th pla	nce
		(Address)	-1
<u>C</u> aine	scille, F.	(Address)  (Address)  Assida 320  State and Zip Code)	FILED  SECRETALIANASSEE, I LORIDA  TALLANASSEE, I LORIDA
For further information concerning t	his matter, please o	all:	
Jay Ander (Name of Person)	•		ORIDE 12
(Name of Person)	300	(Area Code & Daytime Te	<u> </u>
Enclosed is a check for the follow		,	
	.00 Filing Fee & te of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRI Registration Section Division of Corpo 409 E. Gaines Stre	on rations	MAILING AI Registration So Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
	lous	Homa	<i>M</i> = :	

Vay's Home Maintenance LLC

## **ARTICLE II - Address:**

**ARTICLE I - Name:** 

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

Principal Office Address:	Mailing Address:				
8001 SW 5574 Place Odines ville, Florida 37108	8001 SW 5574 Place Cocinesville, Florida 32608				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:					
The name and the Florida street address of the re	10H # F				
8001 SW 557h	2:1				
Coainesville City, State, as	FL 32608 ad 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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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 perjuty that the facts stated herein are true.) Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)