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TRANSMITTAL LETTER

TO:

Registration Section

STREET ADDRESS:

409 E. Gaines Street

Registration Section
Division of Corporations

Tallahassee, Florida 32399

Division of Corporations		
SUBJECT: All in One 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:		
Andrew Carter (Name of Person)		
All in One Maintenance LC		
III Purity Ray Rd		
Crawfordville F132327 (City/State and Zip Code)	_	
For further information concerning this matter, please call:)5 FE	land.
(Name of Person) (Area Code & Daytime Telephone Number)	B 25 PM	To a second
FLO Company	PM 2: 40	9
Enclosed is a check for the following amount:	0	
S125.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
All in One Mainten	ince_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:
Crawfordille #132327	SAME
The name and the Florida street address of the registere And Control Name	
Florida street address (P.O. Box No. Cowfordy P.D. E. FL. City, State, and Zip	Tacceptable) 32327 IAHA
Having been named as registered agent and to accept so liability company at the place designated in this certifical registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered agent.	ate, I hereby accept the appointment as the her agree to comply with the provisions of all the of my duties, and I am familially with and

(CONTINUED)

Title: "MGR" = Manager	u a Néamban	Name and Address:			
"MGRM" = Managir	ng Memoer	Adraw T. Sol		-	
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(Use attachment if no	ecessary)			-	
•	- '	e added if an effective date is requested.	SEUNI	05 FEB	-
REQUIRED SIGNA	John D	r or an authorized representative of a member	ANT OF DIAL	25 PH 2:40	Total Transport
c t	of this document constituted that the facts stated here) .			
t	And ew Tra	rein are true.)			

\$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)