(105000049833

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT:	Nick's Home Mair	ntenance L.L.C.	
	(Name of Limite	ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		holas Albanese	
	•	Name of Person)	
	Nick's	Home Maintenance L.L.C.	
		(Firm/Company)	
	.1126	8 Timbercrest Road	
<u> </u>		(Address)	
	Spring Hil	l, Florida 34608	
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Nicholas Albanese		at (352) 684-2938	
(Name	of Person)	(Area-Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
7 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	(1) \$155.00 Filing Fee & Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy, (additional copy is enclosed)
			000
	STREET ADDRESS:		DDRESS:
Registration Section		Registration S Division of Co	
Division of Corporations 409 E. Gaines Street		P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com			
The dame of the Limited Liability Con	ipany is.		
Nick's Home Main	Nick's Home Maintenance L.L.C.		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
11268 Timbercrest Road	11268 Timbercrest Road		
Spring Hill, Florida 34608	Spring Hill, Florida 34608		
11268	olas Albanese Name Timbercrest Road		
	a street address (P.O. Box <u>NOT</u> acceptable)		
Sp	ring Hill FL 34608 ity, State, and Zip		
Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S		

(CONTINUED)

Page 1 of 2

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" = Mana; "MGRM" = Ma	
MGRM	Nicholas Albanese
	11268 Timbercest Road
	Spring Hill, Florida 34608
(Use attachment	ifnecessary)
NOTE: An ado	fitional article must be added if an effective date is requested.
REQUIRED SI	GNATURE:
	Micholas Olbanese
	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.)
	Nicholas Albanese
	Typed or printed name of signee

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)