L05000065512

	(Re	questor's	Name)			
(Address)						
	(Address)					
	(City	//State/Z	ip/Phone	#)		
	W LID		/ A IT	MAIL		
	/K-UP	Щ v,	AII	IVIAIL		
	(Bus	siness Er	ntity Nam	e)		
	(Do	cument N	lumber)			
Certified Copies		_ Ce	rtificates :	of Status	_	
Special Instructions to Filing Officer:						
· 1 100-01	· · · · · · · · · · · · · · · · · · ·					
ਾਰਾਸ e ਅlability						
anathite.						
10.74		200				
		Office	Use Only	•		
»· -						
• • •		bu c				
Mokne Medit	er.en t	LUC				
MORITO MECES	;;;;;;; ; ;;;;	·				
th 5 Ver'ov	2 .	ناسانا	i			



300056103473

06/15/05--01024--002 **160.00

TILED

1005 JUL -1 P 2: 07

SECRETARY OF STATE
SECRETARY OF STATE

Second pay at application

TRANSMITTAL LETTER

TO:	Registration Se Division of Cor					
SUBJE	ст:	OTAL MAIN	TENANCE CA	ARE LLC		
The end	losed Articles of	Organization and fee(s) are su	abmitted for filing.			
Please r	etum all corresp	ondence concerning this matte	r to the following:			
		ANDRE E WA	TFORD lame of Person)			
265 S.W PORT SAINT LUCIE BLVD (Firm/Company)						
SUIT 120 PORT SAWT LUCIE (Address)						
F1 34986 (City/State and Zip Code)						
For further information concerning this matter, please call: PRE 28 28 28 28 28 28 28 28 28 28 28 28 28						
	NORE F (Name	Idla T FOAD of Person)	at (772) 87 (Area Code & Daytimo	77.0	m O	
Enclos	ed is a check fo	r the following amount:		Z: 0 TATI CRII	<u>!</u>	
3 \$125	.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclose	દ	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		Registration Division of P.O. Box 6	Corporations			



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 21, 2005

ANDRE' E. WATFORD 265 SW PORT SAINT LUCIE BLVD., SUITE 120 PORT SAINT LUCIE, FL 34986

SUBJECT: TOTAL MAINTENANCE CARE LLC

Ref. Number: W05000030407

We have received your document for TOTAL MAINTENANCE CARE LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

You failed to submit the second page of the application. Please complete it and sign it and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 605A00042458

Diane Cushing Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
TOTAL MAINTEL	VANCE CARE 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:
265 SIW PORT SAINT WELL	BUT PORT SAINT LUCKE
PORT SAINT LUCIE	PORT SAINT LUCIE
FL 34986	FL 34953
The name and the Florida street address of the	
Nam	e 7.0 ~
Itability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered 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: Title: "MGR" = Manager "MGRM" = Managing Member TUST ONE MYSGLE ANDRE ENTEDRO 2582 5. 44 CALDER ST P.S.L. FL 3495.3 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.

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.)

ANDRE E WATEORD

Typed or printed name of signee

Filing Fees:

- \$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)