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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOTAL FACILITIES MANAGEMENT, 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:

MICHAEL E. BROZOUSKI  
(Name of Person)

TOTAL FACILITIES MANAGEMENT, LLC  
(Firm/Company)

4401 SPRINGFIELD STREET, SUITE 100  
(Address)

DAYTON, OHIO 45431  
(City/State and Zip Code)

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For further information concerning this matter, please call:

MICHAEL E. BROZOUSKI at (937) 258-1897  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate 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 ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 4, 2005

MICHAEL E. BROZOUSKI  
TOTAL FACILITIES MANAGEMENT, LLC  
4401 SPRINGFIELD STREET, SUITE 100  
DAYTON, OH 45431

SUBJECT: TOTAL FACILITIES MANAGEMENT, LLC  
Ref. Number: W05000036951

We have received your document for TOTAL FACILITIES MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered 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.

Diane Cushing  
Document Specialist

Letter Number: 405A00050351

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TOTAL FACILITIES MANAGEMENT, 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:**

TOTAL FACILITIES MANAGEMENT, LLC  
4401 SPRINGFIELD ST., SUITE 100  
DAYTON, OHIO 45431

SAME AS PRINCIPAL OFFICE

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

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

JOSEPH BALLMANN  
Name

27100 ESTER DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

BONITA SPRINGS, FL 34135  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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.*

Michael E. Szepanski  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR- OWNER

MRS. BEVERLY STEWART  
4401 SPRINGFIELD ST.  
DAYTON, OHIO 45401

MGR- V.P. OF  
OPERATIONS

MICHAEL E. BROZOWSKI  
4401 SPRINGFIELD ST., SUITE 100  
DAYTON, OHIO 45431

MGR- DIRECTOR  
OF MARKETING

AL CRESPO  
4401 SPRINGFIELD ST.  
DAYTON, OHIO 45431

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is required.**

**REQUIRED SIGNATURE:**

Michael E. Brozowski  
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.)

MICHAEL E. BROZOWSKI  
Typed or printed name of signee

**Filing Fees:**

- X \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- X \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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