

LD6000056640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/25/06--01006--011 **125.00

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2006 APR 25 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LD6-56640
gl

EFFECTIVE DATE

4-25-06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2006

WILLIAM SEMERENE
25350 US HWY 19 N APT 152
CLEARWATER, FL 33763

SUBJECT: INTEGRITY PROFFESIONAL MAINTENANCE LLC
Ref. Number: W06000019803

We have received your document for INTEGRITY PROFFESIONAL MAINTENANCE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 25, 2006. Please amend your document accordingly.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 606A00035116

2006 APR 25 PM 12:54
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2006

WILLIAM SEMERENE
25350 US HWY 19 N APT 152
CLEARWATER, FL 33763

SUBJECT: INTEGRITY PROFFESIONAL MAINTENANCE LLC
Ref. Number: W06000019803

We have received your document for INTEGRITY PROFFESIONAL MAINTENANCE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the articles of organization were missing. Enclosed is the first page.,

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 25, 2006. Please amend your document accordingly.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 306A00029301

2006 APR 25 PM 12:54

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrity Professional Maintenance Inc
(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:

William Semereve (Manager)
(Name of Person)
Integrity Professional Maintenance Inc
(Firm/Company)
25350 US Hwy 19 N apt 252
(Address)
Clearwater, FL 33763
(City/State and Zip Code)

2006 APR 25 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

William Semereve at (927) 422-6369
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Integrity Professional Maintenance LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1103 Oakwood Drive
Dunedin, FL 34698

Mailing Address:

25350 US 19 Napt 152
Clearwater, FL 33763

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

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

George Semerene
Name

530 SW 39th Ave
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables FL 33134
City, State, and 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..

George Semerene
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE
4-25-06

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TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

William Semere
25950 US Hwy. 19N
apt 152
Clearwater FL 33763

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-25-04 4-12-06 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

2006 APR 25 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:

William Semere

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.)

William Semere

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)