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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Sectorial Division of Corp			
SUBJE	ECT: TON'	(Name of Limited	me Maintenance 1 Liability Company)	and Repair LL
The en	closed Articles of 0	Organization and fee(s) are su	ubmitted for filing.	
Please	return all correspon	ndence concerning this matte	r to the following:	
	A	nthony L. Sch	11 (SZ	· · · · · · · · · · · · · · · · · · ·
			Maintenance and	Repair LLC
	6262 1	Marlberry Dr	(Address)	
		o FL. 328	19	
		(City/	(State and Zip Code)	
For fur	ther information co	oncerning this matter, please	call:	
To	Ony Sch	Person)	at (407) 247	2729 Elephone Number)
Enclos	sed is a check for	the following amount:		
\$125	5.00 Filing Fce [\$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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Tony Schie's 2 Home Maintenance and Repair LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address: 6262 Marlberry Dr. Orlando, FL 32819	Mailing Address: TONY Schiesz 6262 Marlberry Dr. Orland(2 & 32817
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Anthony1.5ch	1052
Name	
Anthonyl. Sch Name 6262 Marlbe	rry Dr.
	ress (P.O. Box NOT acceptable)
Orlando	FL 32819
City, State, ar	nd Zip
liability company at the place designated in the registered ugent and agree to act in this capacity, statutes relating to the proper and complete per	ocept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(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:

Anthony L. Schiesz. 6262 Morlberry Dr. Orlando, FC 32819
Crighton IC Sport
Mary Beth Schiesz 6262 Marlberry Dr. Orlando, SL 32819

REQUIRED SIGNATURE:

(Use attachment if necessary)

Signature of a member of 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.)

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)

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