L07000018/87

(Requestor's Name)				
(Ad	dress)			
(Address)				
				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Na	me)		
	- <u></u>			
(Do	cument Number)		
Certified Copies	Cartificata	e of Statue		
Certified Copies	Ceiuncate	s or Status		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

COVER LETTER

	ation Se on of Co	ction rporations			
SUBJECT:	Brad]	ley Property Mainten (Name of Limite	ance, LLC d Liability Company)		
The enclosed Ar	rticles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all	corresp	ondence concerning this matte	er to the following:		
	Kathy	y J. Bradley	Name of Person)		
	Brad [*]	` ley Property Mainten	·		
			Firm/Company)		•
	5670	Dunfries Street Nor	(Address)		
	St.	Petersburg, Florida	33709 /State and Zip Code)	7.5.2	
For further infor	mation (concerning this matter, please	• /	107 FEB 13 ECRETARY LAHASSEI	
		y J. Bradley	at (727) 547-2488 (Area Code & Daytime Te	<u> </u>	
	(Name	of Person)	(Area Code & Daytime Te	icephone Number 2:	S
Enclosed is a c	heck fo	or the following amount:		» —	
□ \$125.00 Filir	ng 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)	
		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	118	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Bradley Property Maintenance,	LLC		
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
5670 <u>Dunfries Street Nor</u> th St. Petersburg, Fl 33709	5670 Dunfries Street North St. Petersburg, Fl 33709		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an indictatual or appetier ASSIT Egistered agent are: FES		
Name	ORI		
5670 7 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DITI I		
5670 Dunfries Street North Florida street address (P.O. Box NOT acceptable)			
Ptorida street add	·		
St. Petersburg	FL 33709		
City, State, a	nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.		

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUITED)

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" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	Kathy J. Bradley 5670 Dunfries Street North
	St. Petersburg Fl 33709 USA
	ECRETAR LAHASS
	Service Servic
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the lift an effective date is listed, the date must or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with s	per of an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
that the facts stated Kathy J. Brad	herein are true.)
	yped 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)