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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECHLIARY OF STAIL
TALLAHASSEE, FLORIDA

O7 APR 30 PH 12: 53

COVER LETTER

| | istration Section sion of Corporations | | | | |
|----------------|--|---|--|--|----------------|
| SUBJECT: | Mr. Ma | aintena (Name of Limit | nce Man (ed Liability Company) | 1.5.A. | <u>C.</u> C.c. |
| The enclosed | Articles of Organizati | ion and fee(s) are s | submitted for filing. | | |
| Please return | all correspondence co | ncerning this matt | er to the following: | | |
| | Sammie | L. B | urgess | | |
| • | | | ce Man U. (Firm/Company) | S.A. L. | L.C. |
| | | | ail Lane (Address) | | 07 |
| 70 | allahassa | ee. Fl | (Address) 2 32310 y/State and Zip Code) | | 1PR 30 |
| <u></u> | | (Cit | y/State and Zip Code) | ر الآ 1000 أ | 3 3 17 |
| For further in | formation concerning | this matter, please | call: | ASSEE, FLORID, | PH 1: 25 |
| Ethely | (Name of Person) | 288 | at (850) 580 | - 3 5 0 7 Telephone Number) | |
| Enclosed is | a check for the follo | wing amount: | | | |
| ρ \$125.00 Fi | | 00 Filing Fee & ate of Status | ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ρ \$160.00 Fili Certificate of Certified Cop (additional copy | Status & |
| | Registrat Division P.O. Bo | Address tion Section of Corporations x 6327 see, FL 32314 | Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Center | ons | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Mr. Maintenance Man U.S.A. 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: | Mailing Address: |
|--|--|
| 7357 Wagon Tr. Ln. Tallahassee, FL 32310 | 7357 Wagon Tr. Ln. Tallahasset, FL 32310 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the response of th | egistered agent are: Surgess Th. (n. ress (P.O. Box NOT acceptable) FL 32310 |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member // C | Sammie L. Burgess 7357 Wagon Tr. En. Tallahassee, FL 32310 |
| MGRM | Ethelyn J. Burgess 1357 Wagon Tr. Ln. Tallahassee, FL 32310 |
| · · | O7 APR 31 |
| . | O RM 1:25 SEE, FLORIC |
| (Use attachment if necessary) | A |
| | n the date of filing: (OPTIONAL) must be specific and cannot be more than five business days ng.) |
| REQUIRED SIGNATURE: | |

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)