L0700056802

(Requestor's I	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document Nu	imber)
Certified Copies Certi	ificates of Status
Special Instructions to Filing Offic	er:

Office Use Only



800103406468

05/29/07--01040--017 **130.00

07 MAY 29 PM 2: 4

SECRETARY OF STATE SECRETARY OF STATE DIVISION OF COMPONION

COVER LETTER

Division of Corp			
SURJECT: F&FM	AINTENANCE GRO	UP	
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	endence concerning this matte	er to the following:	
DAVID A. F	ERNANDEZ		
	(Name of Person)	
F&FMAIN	TENANCE GROUP)	
	(Firm/Company)	
1808 REB	CCA RD		
		(Address)	
LUTZ, FL			
	(City	/State and Zip Code)	
For further information co	oncerning this matter, please	call:	
DAVID A. FERNA	NDEZ	at (813) 949-437	3
(Name o	of Person)	(Area Code & Daytime To	elephone 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	npany is:		
F & F MAINTENANCE GROUP LLC			
(Must end with the words "Limited Liability Compa	any, "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 Con	mpany	/ is:
Principal Office Address:	Mailing Address:		
1808 REBECCA RD	1808 REBECCA RD		
LUTZ, FL 33548	LUTZ, FL 33548	-	
			DIVISIO
			一定
DAVID A. FERNANI	- + · · · · · · · · · · · · · · · · · ·	29	7.50
1808 REBECCA B	Name	PM	보건 - 2.7

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..

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRE)

LUTZ, FL 33548

(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:

"MGRM" = Managing Member		
MGR	DAVID A FERNANDEZ	
	1808 REBECCA RD	
	LUTZ, FL 33548	
		
(Use attachment if necessary)		
LE V: Effective date, if other than th	e date of filing:	. (OPTION
	be specific and cannot be more than f	

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 that the facts stated herein are true.)

DAVID A FERNANDEZ

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)