

W07000059008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

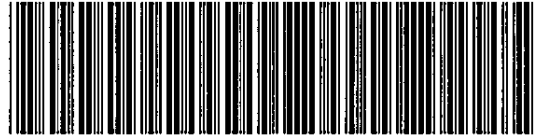
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400102097384

06/05/07--01018--025 **160.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FILED

2007 JUN -5 PM 2: 28
2007 JUN -5 PM 2: 14
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

W07-59008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIFFERENCE-MAKERS FULLSERVICE SITE MAINTENANCE, LLC
(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:

LESLIE A. WALLACE

(Name of Person)

(Firm/Company)

2414 CABIN HILL ROAD

(Address)

TALLAHASSEE, FLORIDA 32311

(City/State and Zip Code)

For further information concerning this matter, please call:

LESLIE A. WALLACE

(Name of Person)

at (850) 878-2631

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$125.00 Filing Fee	p \$130.00 Filing Fee & Certificate of Status	p \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p <u>\$160.00</u> 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

2007 JUN -5 PM 2:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIFFERENCE-MAKERS FULL-SERVICE SITE 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:

DIFFERENCE-MAKERS FSSM, LLC
8414 CABIN HILL ROAD
TALLAHASSEE, FL 32311

Mailing Address:

DIFFERENCE-MAKERS FSSM, LLC
8414 CABIN HILL ROAD
TALLAHASSEE, FLORIDA 32311

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 another business entity with an active Florida registration.)

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

LESLIE A. WAKALE
Name
8414 CABIN HILL ROAD
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE, FL 32311
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.

Leslie A. Wakale
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2007 JUN -5 PM 2:14
SECRETARY OF STATE
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

Name and Address:

MGRM

LESLIE A. WALLACE

8414 CABIN HILL ROAD

TALLAHASSEE, FLORIDA 32311

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

REQUIRED SIGNATURE:

Leslie A. Wallace

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.)

LESLIE A. WALLACE

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)

FILED
2007 JUN -5 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA