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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT: Jim HA	(Name of Limited	Manuferance Liability Company)	e Sevi	Ces	L	H.
The enclosed Articles of Organiza	ntion and fee(s) are sul	bmitted for filing.				
Please return all correspondence of	concerning this matter	to the following:			•	
James				·——		
Moint	en ANCE	irm/Company)	es			
1101 V	V. 694	(Address)				
Pensaco	IA . F	32506 State and Zip Code)				
For further information concerning	g this matter, please c	all:		SECRE FALLAH	O7 NOV	
J.m Ham 14 (Name of Person)	المرماء المرماء	at (<u>& 50</u>) <u>5/2</u> (Area Code & Daytime Te	- 60 6 2 lephone Number)	ASSEE, FL	-5 PHI2:	FIED CE
Enclosed is a check for the foll	lowing amount:			STATE	1:2	
\$125.00 Filing Fee \$13 Certific	0.00 Filing Fee & cate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	s &		
Registr Divisio P.O. B	ration Section on of Corporations fox 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	is		·	

Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2007

JAMES HAMILTON 1101 N. 69TH AVE. PENSACOLA, FL 32506

SUBJECT: JIM HAMILTON MAINTENANCE SERVICES LLC

Ref. Number: W07000052149

We have received your document for JIM HAMILTON MAINTENANCE SERVICES LLC and check(s) totaling \$125.00. However, your check(s) and document are being returned for the following:

The check submitted must be made payable to the Secretary of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 707A00061915

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and Principal Office Address		he principal office of the Lim Mailing Address:	nited Liability Company is:	:
1101 W 6 Pensacola	9th Ave FC, 32506	SAME		
(The Limited Liability Companbusiness entity with an active The name and the Floridal Companbusiness entity with an active	y cannot serve as its own Florida registration.) da street address of Tames	Name 9 th Rue et address (P.O. Box <u>NOT</u> accepta	an individual or another NOV -5 PM 12: 14 NOV -5 PM 12: 14 REPLACE FLORIDA	FILE

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) 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James Hamilton 1101 N 6911 AU pensacla 11FL 32500
	SECHE FALLAH.
(Use attachment if necessary)	FILED -5 PH 12: SSSIE: FLORIA
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing:

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.)

Tames Jamilton
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)