L07000/24281

(Request	or's Name)	
(Address)	
		,
(Address)	
(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	s Entity Name)	
		<u></u>
(Docume	nt Number)	
Outinal Caria	O-air A	~
Certified Copies	Certificates of \$	otatus
	_	
Special Instructions to Filing	Officer:	
•		
·	,	
		ľ
		-

Office Use Only



500113066075

12/13/07--01013--002 **125.00

SECRETARY OF STATE ALLAHASSEE, FLORIOA

FILED 1914

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Charles WARD Joine MAINT. & Repairs, LCC (Name of Limited Liability Company)	,
(Find)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(1) - (1) - (1)	
MARIES WHRO	
(Name of Person)	. 4
H. Charles WARD Home MAINT. 9 KEPAIRS, L	ت سر
(Firm/Company)	
1026 N.E Itu Kd 425 FE 3 -	·
(Address)	e A
BRAN ford FL 32002 SE = !	
(City/State and Zip Code)	- F
STAT CRAIN	
For further information concerning this matter, please call:	-
Charles WARD at 386, 935-2043	
(Name of Person) (Area Code & Daytime Telephone Number)	
386-688-2517	
Enclosed is a check for the following amount:	
✓\$125.00 Filing Fee & □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,	
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	
(additional copy is enclosed)	
Mailing Address Street/Courier Address	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

\	Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.	PAIR	s, L.	L.C.
	ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liab	ility Co	mpany is:
	Principal Office Address: Mailing Address:			
	1026 N.E. Cty Rd 245 Same			- -
	ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a business entity with an active Florida registration.)	gent's S	Signatus sal Granoti	re:
	The name and the Florida street address of the registered agent are:	ARY OF	<u></u>	
	1026 N. E Cty Rd 245	STATE FLORIDA	P 4: 25	0
	Florida street address (P.O. Box NOT acceptab	le)		
	DRAN HOLDFL 32018			

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR Wallaging Welloci	Charles WARD 1026 NE Cty Rd 2125
	BRANford FL 32008
	·
	
	700
	. ARE
	SSE I
(Use attachment if necessary)	STA:
TICLE V: Effective date, if other than	the date of filing: OPTIONAL
ı effective date is listed, the date mus	st be specific and cannot be more than five business days
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	la War A
X Chave Signature of a me	mber or an authorized representative of a member.
(In accordance with	mber or an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution 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)
\$ 5.00 Certificate of Status (Optional)