

L08000031216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

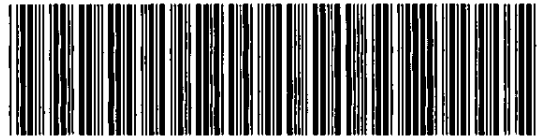
(Document Number)

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Special Instructions to Filing Officer:

W08-14748

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 27 PM 3:47

B. Tadlock MAR 27 2008

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Property Maintenance Professionals ,L L C
(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:

John Locklair
(Name of Person)

Property Maintenance Professionals, LLC
(Firm/Company)

61844 River Road
(Address)

Callahan , Florida 30211
(City/State and Zip Code)

For further information concerning this matter, please call:

John Locklair at (904) 885-0308
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2008

JOHN LOCKLAIR
81844 RIVER ROAD
CALLAHAN, FL 32011SUBJECT: PROPERTY MAINTENANCE PROFESSIONALS, L.L.C.
Ref. Number: W08000014748

We have received your document for PROPERTY MAINTENANCE PROFESSIONALS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-8967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 808A00016886

Attn: Brenda -
We are mailing original sign. today.
Any question call me @ 904-879-6961
Shirley Carter

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Property Maintenance Professionals, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

61844 River Road
Callahan, Florida 32011

Mailing Address:

61844 River Road
CALLAHAN, FLORIDA 32011

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

John Locklair

Name

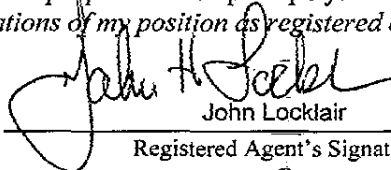
61844 River Road

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

Callahan, FL 32011

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..


John Locklair
Registered Agent's Signature

08 MAR 27 PM 3:47
F.H.C.U.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(CONTINUED)

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:

MGR

John Locklair

61844 River Road

Callahan, Florida 32011

Mgr

Reginald Carl Coker

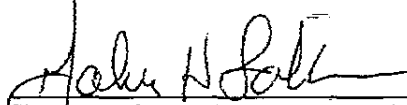
61844 River Road

Callahan, Florida 32011

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

John Locklair

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)