



**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:

- \$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)

**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 32011

SUBJECT: 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) 245-6967.

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:**

**Mailing Address:**

61844 River Road  
Callahan, Florida 32011

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

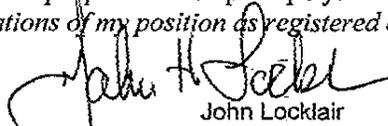
61844 River Road

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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