

L080000037701

(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



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04/03/08--01024--014 ++100.00

04/15/08--01032--018 **25.00

FILED
08 APR 15 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 15 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2008

LOIS GRAY
PROFESSIONAL BUSINESS SERVICE
104 SW 3RD AVENUE
OKEECHOBEE, FL 34974

SUBJECT: TRUST-ED MAINTENANCE, LLC
Ref. Number: W08000017427

We have received your document for TRUST-ED MAINTENANCE, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 008A00020015

TRANSMITTAL LETTER

Registration Section
Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TRUSTED MAINTENANCE, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing:

Please return all correspondence concerning this matter to:

Lois Gray
Professional Business Service
104 SW 3rd Avenue
Okeechobee, FL 34974

For further information concerning this matter, please call:

Ed Olivencia at (561)-722-2949
(Name of Person) Telephone Number

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED

08 APR 15 PM 4:21

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLE 1- Name

The name of the Limited Liability Company is:

TRUST-ED MAINTENANCE, LLC

ARTICLE II- Address:

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

Principal Office Address:

131 Mandolin Drive
Lake Placid, FL 33852

Mailing Address:

131 Mandolin Drive
Lake Placid, FL 33852

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

**Ed Olivencia
131 Mandolin Drive
Lake Placid, FL. 33852**

Having been named registered agent and to accept service of process for the above stated limited liability company at the place designated in the 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, Florida Statutes..



Registered Agent's Signature

Article IV-Manager (s) or Managing Member (s):

Title:

"MGR"=Manager

"MGRM"=Managing Member

Name and Address

MGR

Ed Olivencia
131 Mandolin Drive
Lake Placid, FL 33852

**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.)

Ed Olivencia

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for the Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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FOR
FLORIDA LIMITED LIABILITY COMPANY**

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Name and Address

MGR

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