L080000 43499

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000126678530

04/30/08--01029--022 **130.00

Effective Date 04/27/08

08 APR 30 AMII: 19

SECKETARY OF STATE

T. HAMPTON

MAY - 1 2008

EXAMINER

COVER LETTER

TO: Re Di	egistration Security	ction porations			
SUBJECT:	Depend	lable Property M	aintenance,	LLC	
		(Name of Limi	ted Liability Compa	any)	
The enclose	ed Articles of (Organization and fee(s) are	submitted for filing	g.	
Please retur	n all correspoi	ndence concerning this mat	tter to the following	g:	
Ca	role Dale	;			
			(Name of Person)		Oliver The State State of the S
De	ependabl	e Property Maint	enance, LL	С	
			(Firm/Company)		
52	0 Druid H	lills Rd.			
		Per Control of Control	(Address)	- 	
Та	mpa, FL	33617			
		(Cir	ty/State and Zip Code	:)	
For further i	information co	ncerning this matter, pleas	e call:		
Carole Dale		_ at (629-363	O	
	(Name of	Person)	(Area Cod	e & Daytime Tele	phone Number)
Enclosed is	s a check for	the following amount:			
□\$125.00 F	iling Fee 🔽	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	on Section of Corporations uilding cutive Center C ee. FL 32301	ircle

04/27/08 Effective Date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	$\Gamma \cap \Gamma$	L.	ī	N.	221	^	•
/\	! < 1	14.1	ıΡ.		N 21	m.	e.	3

The name of the Limited Liability Company is:

Dependable Property Maintenance, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Mailing Address:	
Carole Dale	
520 Druid Hills Rd.	_
Tampa, FL 33617	_
	Carole Dale 520 Druid Hills Rd.

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Paul Dale
Name
520 Druid Hills Rd.
Florida street address (P.O. Box NOT acceptable)
Tampa, FL 33617 _{FL}
City State and Zin

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:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Carole L. Dale	
	520 Druid Hills Rd.	
	Tampa, FL 33617	_
MGR	Arlene Stefanadis Castelli	
	11008 Theresa Arbor Dr.	
	Tampa, FL 33617	_
MGR	Anthony Castelli	
	11008 Theresa Arbor Dr.	_
	Tampa, FL 33617	_
MGR	Paul Dale	
	520 Druid Hills Rd.	_
	Tampa, FL 33617	_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 27, 2008 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the 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.)

Carole L. Dale

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)