

LO800044035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

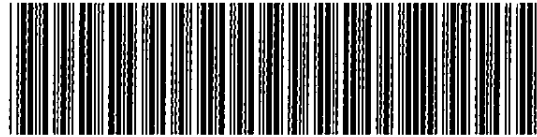
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Office Use Only

EFFECTIVE DATE

4-28-08



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05/01/08--01028--015 \*\*130.00

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08 MAY -1 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 02 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Donald Bundick - Property Maintenance -  
(Name of Limited Liability Company)  
IMPROVEMENT - REPAIRS  
SERVICES, LLC

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

Please return all correspondence concerning this matter to the following:

Donald Bundick

(Name of Person)

Donald Bundick - Property Maintenance / Improvement /  
(Firm/Company) REPAIRS SERVICES, LLC

837 Wildmore Ave Apt. 102

(Address)

Longwood, FL 32750

(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Bundick

(Name of Person)

at

407

(Area Code & Daytime Telephone Number)

421-0781

407-

08 MAY - 1 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

Mailing Address

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

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
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:

DONALD BUNDICK - PROPERTY MAINTENANCE / IMPROVEMENT / REPAIRS  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  
SERVICES,  
"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:

837 Wildmere Ave. Apt. 102  
Longwood, FL 32750

SAME

## 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:

Constance Loveless  
Name

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

Longwood FL 32750  
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..

Constance Loveless  
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 4-28-08 (CONTINUED)  
Page 1 of 2

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**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

mga

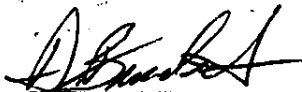
**Name and Address:**

DONALD BUNDICK  
837 WILDMERE AVE Apt 102  
LONGWOOD, FL 32750

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/28/08 (OPTIONAL)  
(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.)

DONALD BUNDICK

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY - 1 PM 1:48

FILED

**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)