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| (Business Entity Name) | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: PROPERTY MAINTENANCE SOLUTIONS LLC (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: |
| TOMMIE L- BREEDEN (Name of Person) |
| PROPERTY MAINTENANCE SOLUTIONS, LLC (Firm/Company) |
| 940 SANTA ROSA BLUD APT 2212 FINE SECTION SANTA ROSA BLUD APT 2212 |
| FORT WALTON BEACH. FLA. 32548 55 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Person) at (850) 685 1889 W (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2008

TOMMIE L. BREEDEN 940 SANTA ROSA BLVD. APT 2212 FT. WALTON BEACH, FL 32548

SUBJECT: PROPERTY MAINTENACE SOLUTIONS LLC

Ref. Number: W08000036107

We have received your document for PROPERTY MAINTENACE SOLUTIONS LLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 308A00043989

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

| The mailing address and street address | of the principal office of the Limited Liability Company |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal Office Address: | Mailing Address: |
| 940 SANTA RUSA BLUD | 940 SANTA ROSA BLUD |
| FOLT WALTON BUY FL 32548 | FORT WALTON BITTE |
| ARTICLE III - Registered Agent, Re | |
| The name and the Florida street address | s of the registered agent are: SREEDEN Name STATE STA |
| | ROSA BAJID ART 2212 a street address (P.O. Box NOT acceptable) |
| FWB E | L FL 32548. |

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.

City, State, and Zip

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| MGR = MANAGER | TOMMTE L'BREEDEN 940 SANTA ROSA BLID APT 2212 FUB GL 32549. |
| | AS CREATER AND |
| | NY OF STATE SEE. FLOR DA |
| (Use attachment if necessary) | |
| RTICLE V: Effective date, if other than the f an effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE: | date of filing: (OPTIONAL) e specific and cannot be more than five business days prio |
| REQUIRED SIGNATURE: | |
| | |
| Signature of a member | er or sh authorized representative of a member. |
| (In accordance with se | ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury |
| TOMMEE | 2 BREEDEW. |

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)