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SECRETARY OF STATE
ALL ALLASSEE FLORIDA

D. BRUCE

OCT 08 2008

EXAMINER

COVER LETTER

J.TOW	Registration Section
	Division of Corporations

SUBJECT: A.Carreno Commercial Maintenance "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:

Ann Carre	eno		
		(Name of Person)	
A.Carren	o Commercial	Maintenance "LLC	
		(Firm/Company)	
19085 sw	/ 57 place		
		(Address)	08 SE TAI
Dunnello	n. Fl 34432		.LAE
	(Cit	y/State and Zip Code)	AR)
For further information c	oncerning this matter, please	e call:	OF STATE EE. FLORID
Ann Carreno		at 954 803-659	92
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	r 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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CI	Æ	I	_	N	am	e:
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The name of the Limited Liability Company is:

A. Carreno Commercial Maintenence "LLC."

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:	
19085 sw 57 place	19085 sw 57 place	
Dunnellon, FI 34432	Dunnellon, Fl 34432	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Ann Carrence	is of the registered agent are:	08 0CT -7
	Name TS	
19085 sw 5	7 place 용취) IG∙ 07
Florida	a street address (P.O. Box NOT acceptable)	7
Dunnellon, F	FI 3443 <u>2</u>	
C	ity, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
"MGR"	unuging Memoer	Ann Carreno	
		19085 sw 57 place	_
		Dunnellon, Fl 34432	
**************************************	and the state of t		<u>-</u>
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CLE V: Effective effective date is 100 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document const	SECRETARY or or an authorized representative of a member.	ONAL) days p

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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