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SECRETARY OF STATE

T. HAMPTON

DEC - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Farno 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:
Neri M Fajardo Name of Person
Farno Maintenance, LLC
4914 18 ct 3W Address
Address
Naples, RL 34116 City/State and Zin Code
Naples, RL 34116 City/State and Zip Code fajardoneria yawo. es E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nerim Payardo at (239) 200 - 0080 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 DEC -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 23, 2009

NERI M FAJARDO 4914 18CT SW NAPLES, FL 34116

SUBJECT: FARNO MAINTENANCE, LLC

Ref. Number: W09000051432

We have received your document for FARNO MAINTENANCE, LLC and check(s) totaling \$35.00. 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 \$90.00. 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.

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, Ltd. Liability Co., and L.L.C. are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 109A00036248

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、	
Farno	maintenace,	L.L.C.
(Must en	d with the words "Limited Liability Con	npany," "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	Mailing Address:
4914 18ct SW Napres FL 34116	4914 18 ct sw Napies, PL 34116

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:

Neri	M, F	ajai	<u>rd0</u>
	Nam	le –	
4914	18c+	SW	
Florida stre	et address (P.	O. Box <u>NC</u>	OT acceptable)
_ Nar	les,	FL	34116
1	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
DIVISION OF CORPORATIONS:

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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" = Managi	ing Member	Name and Address:	
MGR		Neri M Rajardo 4914 18ct sw Napies, FL 34116	
			<u> </u>
			_ _ _
(Use attachment if n			
ICLE V: Effective date of effective date is listed 90 days after the date	, the date must be s	ate of filing: (OPTI specific and cannot be more than five busines	ONAL) is days p
REQUIRED SIGN	ATURE:		
		Factoo	
Sig (In o	gnature of a member of a accordance with section of this document constituted the facts stated herein		
Sig (In o	gnature of a member of a accordance with section of this document constituted the facts stated herein	on 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury n are true.)	
Sig (In o	gnature of a member of a accordance with section of this document constituted the facts stated herein	on 608.408(3), Florida Statutes, the execution stee an affirmation under the penalties of perjury	0
Si _l (In or the filling Fees:	gnature of a member of a accordance with section accordance with section of this document constitution at the facts stated herein the facts stated herein the facts of Organizared Agent	on 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury n are true.)	09 DEC ·