# 109000118836

(Requestor's Name)					
( is question of relative)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

M. THOMAS

DEC 15 2009

**EXAMINER** 

Office Use Only

V9-118836



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12/15/09--01024--017 \*\*125.00

OP DEC 15 AN II: 48



## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT: CJT Maintenance LLC  Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
•	Carl Thompson
	Name of Person
	Firm/Company
	806 Green brief Ln.
•	Address
•	Tallahassee Florida 32308
•	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	at (
	Name of Person Area Code & Daytime Telephone Number 7
Enclose	ed is a check for the following amount:
<b>]\$</b> 125.0	00 Filing Fee \$\bigsquare{1}\$130.00 Filing Fee & \$\bigsquare{1}\$\$155.00 Filing Fee & \$\bigsquare{1}\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
806 Greenbrier Ln Tallahassee Florida 32308	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results	red Agent. You must designate an individual or and progression of the segment are:  Segment agent are:  Segment Agent. You must designate an individual or and progression and
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	eccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(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:		Name and Address:		
	"MGR" = Manager "MGRM" = Managing	Member			
	MGRM	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Carl Thompson	8 8	
			806 Green brier Ln Tollahassee FL.	<u>32308</u>	Services B H
			Janarassee FL.	<u> </u>	
				Mo F	diameter 2
				5	
				- 30 m	
				<del></del>	
	(Use attachment if nec	essary)			
ARTI	ICLE V: Effective date, i	f other than the date	of filing:	. (OPTIONAI	L)
(If an	effective date is listed, tl	he date must be spe	cific and cannot be more than five b	ousiness days	prior
to or !	90 days after the date of	filing.)			
	REQUIRED SIGNAT	TURE:			
		In Sour	0/1		
	Signa	ture of a member or :	in authorized representative of a member	– r.	
	of th	cordance with section of is document constitutes he facts stated herein as	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjurce true.)	·y	
		Carl Th	ompson		
	Filing Fees:	Typed o	r printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)