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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Evergreen Property Maintenance, LLC  
6532 Sedgeford Drive  
Lakeland, FL 33811

February 2, 2010

As requested this cover letter lists:

**Name – Joshua David Durchin**

**Address – 6532 Sedgeford Drive, Lakeland FL 33811**

**Day Time Phone Number: 407-488-0644**

Enclosed is a check in the sum of \$160.00 to cover the Filing Fee, Certified Copy of Article and Certificate of Status.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joshua D. Durchin', with a large loop at the end.

Joshua D. Durchin  
Evergreen Property Maintenance, LLC

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Evergreen Property 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:

Joshua David Durchin

Name of Person

Evergreen Property Maintenance, LLC

Firm/Company

6532 Sedgeford Drive

Address

Lakeland, FL 33811

City/State and Zip Code

evergreen\_pm@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua David Durchin

Name of Person

at ( 407 )

488-0644

Area Code & Daytime Telephone Number

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:

Evergreen Property Maintenance, 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:

6532 Sedgeford Drive  
Lakeland, FL 33811

#### Mailing Address:

6532 Sedgeford Drive  
Lakeland, FL 33811

### 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:

Joshua David Durchin

Name

6532 Sedgeford Drive

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

Lakeland, FL 33811 FL

City, State, and Zip

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*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)

**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

**Name and Address:**

MGR

James Matthews  
1514 King Avenue  
Lakeland, FL 33803

MGR

Joshua David Durchin  
6532 Sedgewood Drive  
Lakeland, FL 33811

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Joshua David Durchin

Typed or printed name of signee

**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)

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