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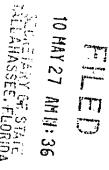
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PICK-UP WAIT MAIL
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D. BRUCE

MAY 28 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Property Preservation Unlimited 11C 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:
Leone Davies
Name of Person
Firm/Company
4957 Waterside Drive
Address
Fort Kichey Fl 34668
Property - Preservation a hotmail, come 5 E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (727) 859-5936 Area Code & Daytime Telephone Number 3
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status \$\sigma \text{\$125.00 Filing Fee & Certified Copy (additional copy is enclosed)} \sigma \$
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:

Property Presurvation U	nlimited LLC
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
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:
4957 Waterside Dr	<u>same</u>
Port Richey FI 341068	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Leone Davi	ies was
Name	
4951 Waters	side Dr
Florida street addr	ress (P.O. Box NOT acceptable)
Fort Richly City, State	FL 34068 = te, and Zip
-	•
liability company at the place designated in th	ccept service of process for the above stated limited iis certificate, I hereby accept the appointment as
	. I further agree to comply with the provisions of al formance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	heone Davies
	4957 Waser State 188
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONA
90 days after the date of filing.)	e specific and cannot be more than five business day
REQUIRED SIGNATURE:	. 10
Glore	(Navies)
(In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury erein are true.)

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)