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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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JUN -9 2010

EXAMINER



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COVER LETTER

10.	Division of Corporations	
SUBJE		
	Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Bradley C Harris Name of Person	
	BCH Maintenance LLC	
	6366 Crab Creek Dr Jax + 1 32258	
-	Jackson VILLE F1 3225 22 22 22 22 22 22 22 22 22 22 22 22	C
	bradharrisogo hotmall com	
	E-mail address: (to be used for future annual report notification)	
	her information concerning this matter, please call:	
E	Brad Harris at (904) 509-1883 Name of Person Area Code & Daytime Telephone Number	
	ed is a check for the following amount:	
□\$125.0	Of Filing Fee \$\ \bigspace \text{\$130.00 Filing Fee & Certificate of Status} \ \bigspace \text{\$\subseteq \$\ \text{Certified Copy (additional copy is enclosed)}} \ \bigspace \text{\$\subseteq \$\ \text{\$\subseteq \$\ \text{\$\ \text{Certified Copy (additional copy is enclosed)}}} \ \bigspace \$\subseteq \$\ \text{\$\	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY							
ARTICLE I - Name: The name of the Limited Liability Company is: BCH 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: Mailing Address:							
1366 Crab Creek Dr 6366 Crab Creek Dr Jackgonville Fl 32258 Jackgonville Fl 32258							
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:							
Bradley C Harris							
6366 Crab Crack Dr Jacksonville Fl 32258 Florida street address (P.O. Box NOT acceptable)							
Tackson VLLe FL 32258 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							
VI Atz							

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager		Name and Address:	
"MGRM" = Manage			
MGR	-	Bradley C Harr 636B Crab Cre Jay F1 32258	is ek Dr
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(Use attachment if	necessary)		2: 32
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CLE V: Effective da	te, if other than the da	ate of filing:	(OPTIONA ve business day
CLE V: Effective date of the control	te, if other than the da		•
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CLE V: Effective date of the control	te, if other than the da I, the date must be s of filing.)		•
CLE V: Effective date of the d	te, if other than the da I, the date must be s of filing.) NATURE:		ve business day
CLE V: Effective date of the d	te, if other than the date, the date must be so of filing.) NATURE: Ignature of a member of a accordance with section	an authorized representative of a memor 608.408(3), Florida Statutes, the executives an affirmation under the penalties of per	ve business days

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)