# 11000014117

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Joseph

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W11-27058



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TILED

11 MAY 31 PM 3: 43

SECRETARY OF STATE
ALLAHASSEE, FINAIC

L. SELLERS
JUN - 1 2011
EXAMINER

### **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: Right Choice Pr	roperty Maintenance, LLC
	ame of Limited Liability Company
The enclosed Articles of Organization ar	nd fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Lorraine McCallum	1
	Name of Person
West Avenue Grou	p, LLC
-	Firm/Company
863 Pine Forest Tra	ail W.
	Address
Port Orange, FL 3212	
	City/State and Zip Code
pip08226@hotmail.com	l (to be used for future annual report notification)
For further information concerning this r	natter, please call:
Richard Quint	a. (386 \ 760-9616
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount:
\$125.00 Filing Fee \$130.00 Filin Certificate o	
Mailing Addr Registration S Division of C	ection Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301



# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2011

LORRAINE MCCALLUM PO BOX 1946 ORMOND BEACH, FL 32175

SUBJECT: RIGHT CHOICE PROPERTY MAINTENANCE, LLC

Ref. Number: W11000027058

We have received your document for RIGHT CHOICE PROPERTY MAINTENANCE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 011A00012121

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	
········	s:
Right Choice Property Mainte (Must end with the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
863 Pine Forest Trail W.	PO Box 1946
Port Orange, FL 32127	Ormond Beach, FL 32175
business entity with an active Florida registration.)  The name and the Florida street address of the  West Avenue Group,  Name	LLC
863 Pine Forest	
	ddress (P.O. Box NOT acceptable)
Port Orange	FL 32127 State, and Zip
Having been named as registered agent and to	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all

(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:

"MGRM" = Managing Member	r
MGR	Shawn McCready
	1425 Tommy Hitchcock Drive
	Daytona Beach, FL 32124
MGRM	West Avenue Group, LLC
	PO Box 1946
	Ormond Beach, FL 32175
<u></u>	
(Use attachment if necessary)	
	an the date of filing: (OPTION nust be specific and cannot be more than five business date

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### Lorraine McCallum

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)