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((Requestor's Name)		
•	(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:

L. SELLERS

SEP 1 9 2011

EXAMINER

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SEP 15 PM L. 28

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GL Maintenance 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:
Luis GARCIA
Name of Person
Firm/Company
6401 S Westshore Blud # 1508
Tamba, FL 33616 City/State and Zip Code LUISKIEPOLIVE.COM E-mail address: (to be used for future annual report notification)
LUISKIEPOLIVE.COM
For further information concerning this matter, please call:
Luis Garcia at (70.2) 619-5214 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Stat
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:

[Maintena (Must end with the words "Limited Liabi	NCE LLC lity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liab	oility Cor	mpany	/ is:
Principal Office Address:	Mailing Address:			
6401 S Westshore Blud # 1508, Tampa, FL 33616	X SAME			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)				
Name	Rios			
	Shore Blvd 1508 dress (P.O. Box <u>NOT</u> acceptable)			
TampaCity, St	FL <u>336/6</u> ate, and Zip			
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	this certificate, I hereby accept the ty. I further agree to comply with the erformance of my duties, and I am f	appointn he provis familiar v	nent as ions o _j with ar	s f all nd
Registered Agent's Signat	ture (REQUIRED)		M SEP	
(CONTIN	(UED)		16 PH	un de
Page 1 of 2	2	e jar	£.	1

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 "MGRM" = Managing Member	Name and Address:			
MGRI - Managing Member	LUIS GARCIA 6401 S Westshore BLVd #1508, Tampa, FL 33616			
MGRM	DAYMA Rios 6401 S Westshore Blvd #1508 Tampa, FL 33616			
	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior			
REQUIRED SIGNATURE:	r an authorized representative of a member			
Signature of 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.				
l am aware that any false informati constitutes a third degree felony as	CInReia			
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)