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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JAN 13 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SCOTT MUNICIPAL SEVVICE 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:
Scott Morgan
Please return all correspondence concerning this matter to the following: SCOTT Morgan Name of Person SCOTT Constituted Maintenance Service UC Firm/Company 557 Quail Crust Ct.
Firm/Company
_557 Quail Crest Ct.
Address
De Bary P2 32713 City/State and Zip Code
tammyand Scott a do L. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SCOTT Morgan at 407 312-6555 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\times 160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301 STATE Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Constituted Maintenance Service L.L	C.		
(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 Lia	bility C	ompan	y is:
Principal Office Address: Mailing Address:			
557 Quail Crest Court 557 Quail Crest De Bary Fl 32713 De Bary Fl 327	Court 113	t	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	Signatu lual or ano	ı re: ther	
The name and the Florida street address of the registered agent are:			
SCOTT Morgan			
Name			
557 Quail Crut Court Florida street address (P.O. Box NOT acceptable)			
Florida street address (P.O. Box NOT acceptable)			
DCBary FL 32713 City, State, and Zip			
City, State, and Zip			
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Ch	e appoin the prov familia	tment d isions d r with d	as of all and
los Muse	SE	2012	
Registered Agent's Signature (REQUIRED)	ARE	J.A.	1
(CONTINUED) Page 1 of 2	TARY OF STA	2012 JAN 12 AM 8:	
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ARTICLE IV- Manager(s) or Managing Member(s):

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Memb	er .	
MGR	SCOTT Morgan 557 Quail Cres DeBary F1 32	s+ (+ 2713
		
(Use attachment if necessary)		
TCLE V: Effective date, if other n effective date is listed, the date	than the date of filing: must be specific and cannot be more than	(OPTIONAL) five business days prior
FICLE V: Effective date, if other in effective date is listed, the date	than the date of filing: must be specific and cannot be more than	(OPTIONAL) five business days prior
FICLE V: Effective date, if other in effective date is listed, the date r 90 days after the date of filing.)	than the date of filing: must be specific and cannot be more than	(OPTIONAL) five business days prior
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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