

L12000084027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

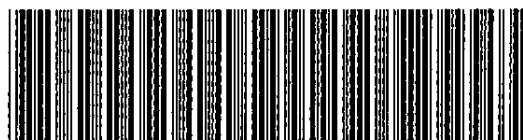
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300236601423

06/22/12--01016--008 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 22 PM 12:06

D. BRUCE  
JUN 26 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T + B. Property Maintenance 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:

Troy Moore

Name of Person

T + B Property Maintenance LLC

Firm/Company

716 N.W. 10<sup>th</sup> Street

Address

Florida City, FL 33034

City/State and Zip Code

Troy 111261 @ 90L. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Moore

Name of Person

at ( 786 ) 205-1969

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 22 PM 12:06

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

T + B Property 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:

716 N.W. 10<sup>th</sup> Street  
Florida City, FL 33034

#### Mailing Address:

P.O. Box 343535  
Florida City, FL 33034

### 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:

Troy Moore  
Name

716 N.W. 10<sup>th</sup> Street  
Florida street address (P.O. Box **NOT** acceptable)  
Florida City FL 33034  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 22 PM 12:06

*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..*

Troy Moore  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Troy Moore MGR

716 N.W. 10<sup>th</sup> Street  
Florida City, FL 33034

Tony Brinq MGRM

563 N.W. 13<sup>th</sup> Street  
Florida City, FL 33034

Himbury Brown Marshall

716 N.W. 10<sup>th</sup> St  
Florida City FL 33034

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 22, 2012 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Troy Moore  
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.)

Troy Moore  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 22 PM 12:06