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| PICK-UP WAIT MAIL | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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DIVISION OF CORPORATIONS

U12-374

AUG 1 7 2012 T. HAMPTON

COVER LETTER

| TO: | Registration Division of C | | | |
|----------|-------------------------------|---|--|--|
| SURIE | CT: EBK | Enterprise | | |
| 5000 | | | ed Liability Company | |
| The enc | closed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please r | eturn all corres | spondence concerning this mat | ter to the following: | |
| _ | Maritza l | Parrilla | | |
| | | | Name of Person | |
| _ | EBK Ent | erprise | | |
| | | | Firm/Company | |
| _ | P.O. Box | c 135983 | | |
| | | | Address | |
| C | Clermont, | FI 34713 | | |
| | | Cit | y/State and Zip Code | |
| - | ebkservice | s@aol.com | for future annual report notification) | |
| | | , | • | |
| For furt | her information | n concerning this matter, please | e call: | |
| Marit | za Parrilla | | at (407) 574-7878 | |
| | Name | e of Person | Area Code & Daytime Telep | hone Number |
| Enclose | ed is a check t | 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 Ci Tallahassee, FL 32301 | rcle |



RECEIVED

12 AUG 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 16, 2012

MARITZA PARRILLA P O BOX 135983 CLERMONT, FL 34713

SUBJECT: EBK ENTERPRISE LLC Ref. Number: W12000037514

We have received your document for EBK ENTERPRISE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00018858

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name | Al | RTI | CL | Æ | I - | N | ame | |
|------------------|----|-----|----|---|-----|---|-----|--|
|------------------|----|-----|----|---|-----|---|-----|--|

The name of the Limited Liability Company is:

EBK Property Maintenance & Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

is:

| The mailing address and street address of the pri | ncipal office of the Limited Liability Company |
|--|---|
| Principal Office Address: | Mailing Address: |
| 15715 Markham Drive Clermont, Fl 34714 | P.O. Box 135983 Clermont, Fl 34713 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | ered Agent. You must designate an individual or another |
| The name and the Florida street address of the re | egistered agent are: |
| Maritza Parrilla | |
| Name | |
| 15715 Markham [| Orive |
| et 11 | |

Florida street address (P.O. Box NOT acceptable) Clermont

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Men | nber |
| MGR | Maritza Parrilla |
| | P.O. Box 135983 |
| | Clermont, Fl 34713 |
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| LE V: Effective date, if othe ffective date is listed, the date days after the date of filing | er than the date of filing: (OPTIONAte must be specific and cannot be more than five business days.) |
| ffective date is listed, the date days after the date of filing REQUIRED SIGNATURI | er than the date of filing: (OPTIONAte must be specific and cannot be more than five business days) |
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| LE V: Effective date, if other fective date is listed, the date days after the date of filing EEQUIRED SIGNATURI Signature of the constitutes an affirm I am aware that any constitutes a third december of the constitutes at third december of the constitutes at third december of the constitutes at t | er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.) E: A control of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State |
| LE V: Effective date, if other frective date is listed, the date days after the date of filing sequence. REQUIRED SIGNATURI Signature of the constitutes an affirm I am aware that any constitutes a third decrease. | er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.) E: Of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document attain under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) |

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)