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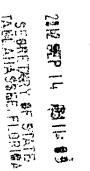
(Requestor's Name)
•
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filling Office
Special Instructions to Filing Officer:

Office Use Only



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T. CLINE
SEP 17 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: Prestige I	MAINTENAN	CE,llc		
	Name of Limit	ed Liability Company		
The enclosed Articles of Orga	nization and fee(s) are	submitted for filing.		
Please return all corresponden	ce concerning this mat	ter to the following:		
jennifer geig	er			
	•	Name of Person		
		Firm/Company		
nobov 400		T min company		
pobox 498		Address		
ostoon fl 2276/	1			
osteen,fl 32764		y/State and Zip Code		
PrestigeMAINTE	ENANCE@hotm	ail.com		
Е-1	nail address: (to be used	for future annual report notification)		-
For further information concer	ming this matter, pleas	e call:		
jennifer geiger		at (407) 506-5387		
Name of Pers	on	Area Code & Daytime Teleph	hone Number	
Enclosed is a check for the	following amount:			
]\$125.00 Filing Fee \$13 Ce	0.00 Filing Fee & entificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee; Certificate of Status & Certified Copy (additional copylis enclosed)	The second secon
Reg Div P.C	iling Address gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	(

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Prestige MAINTENANCE,LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3691 Sandlor Drive Deutona, Florida 32-738	po box 498 osteen,fl 32764
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
jennifer geiger	
Name	

3691 sandlor drive Florida street address (P.O. Box NOT acceptable) Del tona 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, E.S..

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member mgrm jennifer geiger po box 498 osteen,fl 32764 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: _______. (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** 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.) jennifer geiger 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)