

3/22/13

L13000043469

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000066419 3)))



H130000664193ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mshamasian@gmail.com

RECEIVED

13 MAR 22 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Full Circle Home Maintenance LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FILED
2013 MAR 22 AM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2013

J. BRYAN

1/2

H13000066419

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Full Circle Home Maintenance LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

42 Annapolis Lane

Rotonda West, FL 33947

Mailing Address:

42 Annapolis Lane

Rotonda West, FL 33947

FILED
2013 MAR 22 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Michele Shamasian

Name

42 Annapolis Lane

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Rotonda West, FL 33947

(City / State / 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 - Michele Shamasian

H13000066419

FILED
2013 MAR 22 AM 7:56
H13000066419
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

MGR Michele Shamasian - 42 Annapolis Lane, Rotonda West, FL 33947

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Michele Shamasian

Typed or printed name of signee