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COVER LETTER

TO: Registration Section **Division of Corporations** All 'N All Maintenance & Repair, 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: Sean M. Whatley Name of Person All 'N All Maintenance & Repair, LLC Firm/Company 839 Lido Circle, #101 Address Lake Park, FL 33403-1839 City/State and Zip Code keptoutspoken@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sean M Whatley Name of Person Enclosed is a check for the following amount: **✓** \$125.00 Filing Fee \$155.00 Filing Fee & \$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street/Courier Address

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:					
All 'N All Maintenance & Repair,						
(Must e	end with the words "Limite	ed Liability Company, '	'L.Ł.C.," or "LLC.")		
ARTICLE II - Address:						
The mailing address and stre	et address of the principal	office of the Limited L	iability Company is):		
Principal Office Address:	<u>Mai</u>	lling Address:				
839 Lido Circle, #101						
Lake Park, FL 33403-1839						
ARTICLE III - Registered (The Limited Liability Companother business entity with	oany cannot serve as its ow	m Registered Agent. Yo		n individ	lual or	,
The name and the Florida str	eet address of the registere	ed agent are:				
Sheri	Agnew					
	Nan	ne				
1030	US Highway 1, #310					
Flor	rida street address (P.O. Be	ox NOT acceptable)				
Nor	th Palm Beach	FL 33408				
<u> </u>	City	Zip				
capacity. I further agree to	nis certificate, I hereby acce to comply with the provision miliar with and accept the o	ept the appointment as r s of all statutes relating obligations of my position opter 605, F.S	egistered agent and to he proper and c	agree to omplete	act in perfor	this mance
	(CONTIN	UED)				
	Page 1 o	f2		SECRETANY TALLAHASSE	14 JAN 21	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Sean M Whatley
MGN	839 Lido Circle, #101
	Lake Park, FL 33404-1839
	34.5.04.5.05
<u> </u>	
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be sp f filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	mber or an authorized representative of a member.
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E V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fee	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this documer nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

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