# L14000017407

to the state of the

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ,                                       |
| (City (Chaha (Zin/Ohana H)              |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Boodinesia Namber)                     |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



500253939485

01/07/14--01004--010 \*\*51.25

12/02/13--01039--002 \*\*78.75

J. Shivers JAN 31 2013



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2014

ANDREW GILMOUR 308 SW 3RD ST UNIT B CAPE CORAL, FL 33991

SUBJECT: ANDREW GILMOUR MAINTENANCE SERVICES LLC

Ref. Number: W14000001717

We have received your document for ANDREW GILMOUR MAINTENANCE SERVICES 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00000609

(850) 245-6051.

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: ANdrew Gilmoer MainTenance Service 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:  |
| Andrew Gilmon  |
| A. G. May ATENACE Carrices LLC.  |
| 3086W3rd ST UniTB Copelar, 7   |
| Cape Coral FL 33991  City/State and Zip Code  Toy Ievo 0331 & G Mail. Com  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Andrew Cilmour at (239) 603-7434  Name of Person at (239) 603-7434  Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| □\$125.00 Filing Fee  Certificate of Status  □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee,  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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

| The name of the Limited Liability Company is:  |   |
|--|---|
| Andrew Colmon Main (Must end with the words "Limited Liability   | Tenance Services LLC.  y Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address: The mailing address and street address of the print  | ncipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
| 308 SW 3rd ST  | Sauce   |
| 308 SW 3rd ST<br>Unit B<br>Cape Coral, FL 3389/  |   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | red Agent. You must designate an individual or another  |
| The name and the Florida street address of the re  |   |
| Andrew 60 Name   | 1 mour  |
| 318 5 30) 57   | ChirB   |
| 308 Sw 3rd ST. Florida street addr   |   |
| Cape Coral<br>City, State  | FL 3399/<br>e, and Zip  |
| liability company at the place designated in the<br>registered agent and agree to act in this capacit<br>all statutes relating to the proper and complete        | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager   | Name and Address:  |
|---|--|
| "MGRM" = Managing Member  |  |
| • •   |  |
|   |  |
|   | -  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| (Use attachment if necessary)   |  |
| CLE V: Effective date, if other than  | n the date of filing: (OPTIONA)  |
| effective date is listed, the date r  | nust be specific and cannot be more than five business   |
| to or 90 days after the date of filing  | g.)  |
|   |  |
| <b>REQUIRED SIGNATURE:</b>  |  |
|   |  |
| /h_   | 1 al Ala Box   |
| Signature of a me   | ember or an authorized representative of a member.   |
|   |  |
| constitutes an affirmation t<br>I am aware that any false it                                  | n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. |
| constitutes an affirmation u<br>I am aware that any false in<br>constitutes a third degree fo | under the penalties of perjury that the facts stated herein are true.  |

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)