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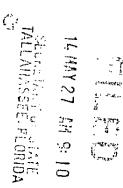
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Michoalan Maintenance 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: Cesar Correa
Name of Person Michoacan ProPests Maintenance LLC.
Firm/Company F-L. 33063 City/State and Zip Code Cesar Property Maintenance Q yahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Correa at (954) 729 3454
Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$160.00 Filing Fee, □\$155.00 Filing Fee & □\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (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

140

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Michoacan Property (Must end with the words "Limited Liabi	Maintenance LLC.  ility Company, "L.L.C.," or "LLC.")
<b>ARTICLE II - Address:</b> The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6593 NW 3rd St Margate FL 33063	65 93 NW 3rd 5t Margate FL. 33063
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Cesar	Correa
Name	:
6593 Nu	dress (P.O. Box NOT acceptable)
City, S	FL 33063 tate, and Zip
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple and accept the obligations of my position as re	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of the performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S
Contract of the contract of th	ALL TARREST
Registered Agent's Signa	iture (REQUIRED)
(CONTIN	NUED)
Page 1 of	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Cesus Corgea
7	6593 NW 3 5+
	6593 Ny 3 5t Margate FL 33065
	-
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(Use attachment if necessary)	
cetive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ective date is listed, the date must be of filing.)  EVI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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