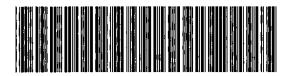
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(Da	equestor's Name)	
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(Ac	idress)	<u> </u>
(Ci	ty/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Division of	i Section Corporations		
SUBJI	ЕСТ: <u>Му Ма</u>	intenance Man LLC		·
		Name of Lis	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Richard	T. Spohrer		
		• ,	Name of Person	
	My Main	tenance Man LLC		
			Firm/Company	
	127 Ave	nue B		
			Address	
	<u>Apalachi</u>	cola, FL 32320		
	0	. (C) (A) (A)	City/State and Zip Code	
	KISI	E-mail address: (to be use	OO - COM d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
Richa	rd T. Spohrer	at ("	210 <u>426-8</u> Area Code Daytime Te	373
		ne of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
Z] \$125.6	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	iling Address	Street/Courier Add	ress

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

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
My Maintenance Man LLC		or the section of the property delegations.		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "L	LC.")		
ARTICLE II - Address:				
The mailing address and street address of the princ	ipal office of the Limited Liability Compa	any is:		
Principal Office Address:	Mailing Address:			
127 Avenue B	127 Avenue B			
Apalachicola, FL 32320	Apalachicola, FL 32320			
another business entity with an active Florida regis	, was a second			
The name and the Florida street address of the regineration Richard T. Spohrer	stered agent are:	#*·		
Richard T. Spohrer	stered agent are:		•••••	
Richard T. Spohrer	_	W. TALL	14.	٠ ٩٠٠
Richard T. Spohrer	Name	W. TALLAH	HII 71	* * * * * * * * * * * * * * * * * * *
Richard T. Spohrer 127 Avenue B Florida street address (P.C.)	Name D. Box <u>NOT</u> acceptable)	WILLANDS	12 Hinr 41.	
Richard T. Spohrer 127 Avenue B	Name	TALLAH (1995)	14 JUH 24 P	The springer
Richard T. Spohrer 127 Avenue B Florida street address (P.C. Apalachicola City Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept to	Name D. Box NOT acceptable) FL 32320 Zip ept service of process for the above stated accept the appointment as registered agentsions of all statutes relating to the proper of the accept the accept the acceptace of the accep	t and agree to a and complete p	z: compo aci in t erform	his"—" ance

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Richard T. Spohrer
	127 Avenue B
	Apalachicola, FL 32320
/ T T = - - - - - -	
ective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days.
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
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E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	La James of a marker for an authorized representative of a marker.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	La Cannot be more than five business days prior to or 90 de
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein are true. 15.0203 (1) (b) and the comment to the Department of State are not as provided for in s.817.155, F.S.)

Page 2 of 2