L14000191882

(F	Requestor's Name)	··· ·
(A	(ddress)	
(A	ddress)	
•	,	
<u> </u>		
(C	city/State/Zip/Phone	• #)
E Protection	—	—
PICK-UP	☐ WAIT	MAIL
	Business Entity Nam	ne)
`	Í	•
)	
(L	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	- Filing Officer	
Special Instructions to	o Filing Officer:	
		j
		ł
<u></u>	<u></u>	

Office Use Only



000267258120

.12/12/14--01005--002 **155.00

14 DEC 12 PM 2: 45
SECRETARY OF STATE

DEC 1 7 2014 T. BROWN

COVER LETTER

TO: **Registration Section Division of Corporations** Josh's Maintenance and Cleanup 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: Joshua Geiger ____ Josh's Maintenance and Cleanup LLC Firm/Company 5510 Glass Drive Lot 1 Address Pensacola, FL 32505 City/State and Zip Code ioshmcu@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Geiger Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy

Mailing Address

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

Street/Courier Address

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

						,	
ARIT	CLES OF ORGANIZATION	ON FOR FLORIDA L	IMITED LIABII	JTY COMPANY) .	(A)	
ARTICLE I - Name:					30% F.		1
The name of the Limited	l Liability Company is:				1700	ALCO MARIES	, we
	Josh's Maint	enance and Cleanup LLC		٠.		1/4	
(N	ust end with the words	"Limited Liability C	Company, "L.L.	C.," or "LLC.")	7,7	٠,٠٠٠	
ARTICLE II - Address	s:				?	037	
The mailing address and	street address of the pr	incipal office of the	Limited Liabil	ity Company is:		Ex.	
Principal Office Addre	ss:	Mailing Addres	<u>s:</u>			-	
same			5510 Glass	Drive Lot 1			
			Pensacola	, FL 32505			
The name and the Florid	a street address of the r	Joshua Geiger Name					
	5	510 Glass Drive Lot 1					
•	Florida street address (eptable)				
	Pensacola	FL	32505				
	City		Zip				
the place designated capacity. I further agi	registered agent and to in this certificate, I here ree to comply with the pi in familiar with and acce we have	eby accept the appoi rovisions of all statu	ntment as regist les relating to th f my position as S	tered agent and ag ne proper and con	gree to act in t oplete perform	his ance	
	(C)	ONTINUEDY					

Page 1 of 2

<u> </u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Joshua Geiger
MBR	5510 Glass Drive Lot 1
	Pensacola, FL 32505
<u> </u>	
	
Use attachment if necessary)	
·	
V: Effective date, if other than	he date of filing: (OPTIONAL)
ctive date is listed, the date mu	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than effice date is listed, the date mu filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any.	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any.	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EFOUIRED SIGNATURE: Signature	t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EFOUIRED SIGNATURE: Signature (In accordance with	of a members an authorized representative of a member.
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature (In accordance with constitutes an affirm	of a members an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any	of a members an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any	of a members an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)