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(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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- Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORID

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2014

JOHNNY BRYANT JR 7512 QUITINA DR JACKSONVILLE, FL 32277

SUBJECT: KASH MAINTENANCE SOLUTIONS

Ref. Number: W14000075477

We have received your document for KASH MAINTENANCE SOLUTIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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: 414A00026896

## **COVER LETTER**

TO	Registration Division of C			
SUBJI	ECT: KAS	TH MAINTENANC	<del></del>	
		(Name of Limited	Liability Company)	
The en	closed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
		OHNNY KASH BE	LYANT DR.	<del></del>
		7)	vame of Person)	
	K	ASH MAINTENAN	CE Solutions	
		(-	in Company,	
	7	512 Quitina DI	<u> </u>	
		ACKSONVI'ILE, FLO	RIDA, 32277	
		(City/	State and Zip Code)	
For fu	ther information	n concerning this matter, please of	call:	
	JOHNNY	KASH BRYANT JR	at ( 904 ) 607 -	1941
	(Nam	ne of Person)	(Area Code & Daytime Tele	phone Number)
Enclos	sed is a check	for the following amount:		
□\$125	.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)
		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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The second company to	
Must end with the words "Limited Liability"	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7512 Quitina DR. JACKSONUITIE, FL, 32277	1512 Quitina DR, JACKSONVI'lle, FL, 32277
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
JOHNNY BRYA	NT JR.
_ 7512 Quitina	ress (P.O. Box <u>NOT</u> acceptable)
City, State, at	FL, 32277 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, Fis.
Registered Agent's Signatu	ire (REQUIRED)  AN 7: 12

(CONTINUED) 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR. JOHNNY K. BRYANT JR. 7512 Quitina DR. (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury. that the facts stated herein are true.) JOHNNY K. BRYANT JR. Typed or printed name of signee 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)