

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000005714 3)))



H150000057143ABCX

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

*Resubmit 1/2 1/13
(the name is spelled as
my client wants it)*

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jennifermoyer40@yahoo.com

FLORIDA LIMITED LIABILITY CO.
Jennifer Moyer Property Maint LLC

Certificate of Status	1
Certified Copy	0
Page Count	02 03
Estimated Charge	\$130.00

RECEIVED
15 JAN 13 AM 10:00
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BUREAU OF COMMERCIAL
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2015 JAN 12 PM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

850-617-6381

1/13/2015 7:40:26 AM PAGE 1/001 Fax Server



January 13, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: JENNIFER MOYER PROPRTY MAINT LLC
REF: W15000001591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The signature on the last page can not be scanned. Please resign or make signature darker.

Please return 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.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H15000005714
Letter Number: 515A00000619

RECEIVED
15 JAN 13 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

H15000005714

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jennifer Moyer Proprrty Maint LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:2109 Morris Road
Cottondale, FL 32431Mailing Address:2109 Morris Road
Cottondale, FL 32431

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Cody Meredith

Name

2552 Standland RoadFlorida street address (P.O. Box NOT acceptable)Cottondale FL 32431

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Cody Meredith
Registered Agent's Signature (REQUIRED)

Cody Meredith

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

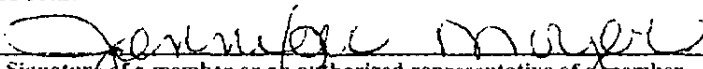
AMBRAMBRAMBR**Name and Address:**Jennifer Moyer2109 Morris RoadCottdale, FL 32431Cody Meredith2552 Standland RoadCottdale, FL 32431James Weeks1234 City Square RoadAlford, FL 32420

(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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**


 Signature of a member or an authorized representative of a member.
 (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
 I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jennifer Moyer

Typed or printed name of signer