## L15000030430

| (Re                     | equestor's Name)   |              |
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| (Ad                     | ldress)            |              |
| (Ad                     | ldress)            |              |
| (Cit                    | ty/State/Zip/Phone | e #)         |
|                         |                    |              |
| PICK-UP                 | ☐ WAIT             | MAIL.        |
|                         | nimana (Tutib Alam |              |
| (BU                     | isiness Entity Nan | ne)          |
| (Do                     | ocument Number)    | <del>.</del> |
| Certified Copies        | Certificates       | s of Status  |
|                         | _                  | <u></u>      |
| Special Instructions to | Filing Officer:    |              |
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2015 FEB 12 PM 12: 51

J. HARFRICE

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Tyre's Property Maintenance UC. 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:  |
| Oseph Ture   |
| Name of Person   |
|  |
| Firm/Company   |
| 24605 sw 189ave  |
| Address  |
| Homestead FL 33031   |
| Shenture (1) Way no Code   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Incentiture 780 222-5232   |
| Name of Person Area Code Daytime Telephone Number  |
| Factor of the about the fatter to  |
| Enclosed is a check for the following amount:  \$\Begin{array}{c} \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

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 Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Tyre's Property M  | aintenance LLC   |
|--|--|
| ARTICLE 11 - Address: The mailing address and street address of the principal office   | ability Company, "L.L.C.," or "LLC.") ce of the Limited Liability Company is:  |
| Principal Office Address:<br>241005 SW 189ave<br>Homestead, FL 33031   | Mailing Address: Same  |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)                | egistered Agent. You must designate an individual or   |
| The name and the Florida street address of the registered ag   | gent are:  |
| Florida street address (P.O. Box N<br>Howestad   | 189cwl<br>OT acceptable) FL 33031 Zip  |
| the place designated in this certificate, I hereby accept the<br>capacity. I further agree to comply with the provisions of<br>of my duties, and I am familiar with and accept the obliga- | ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S |
| (J. J. J  | ,  |

(CONTINUED)

Page 1 of 2

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| <u>l'itle:</u>   | Name and Address:  |
|--|--|
| AMBR" = Authorized Member  | <del> </del>   |
| AGR" = Manager   |  |
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| AM BR  | local Tue  |
| IIIIER   | JUSEPH TURE  |
| AMBR   | 24605 Sw/4004  |
| 0 - 0 4  | HOMESHAU, PL 35051   |
| AMBR   | Javier Dobatorriente   |
|  | 24605 SW 189ave  |
|  | HMSTD, FL 33031  |
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| se attachment if necessary)  |  |
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| OUIRED SIGNATURE:  Signature of a constitutes an affirmation I am aware that any false in constitutes a third degree f   | in member of an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State relony as provided for in s.817.155, F.S.)  Sey Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent  1) |

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SECRETARY OF STATE