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TSCHROEDER

COVER LETTER

	gistration Section ision of Corporations		
SUBJECT:	Heaven On Earth Property Mair Name of L	ntenance LLC imited Liability Company	
The enclosed	I Articles of Organization and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this	matter to the following:	
-	Jaime Carrillo	Name of Person	
_	Heaven On Earth Property Mainte	enance LLC Firm/Company	
-	5425 Estero Blvd.	Address	
Ţ	Fort Myers Beach, FL 33931	City/State and Zip Code	
jcgcsw	111@gmail.com E-mail address: (to be us	sed for future annual report notification	ation)
For further in	nformation concerning this matter, pl	ease call:	
Jaime Carr	Name of Person	(239) 214-5824 Area Code Daytime Te	lephone Number
Enclosed is	a check for the following amount:		
☑ \$125.00 Fili	ng Fee \$\Bigcup \\$130.00 \text{ 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	Street/Courier Add Registration Section	<u>ress</u>

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Addicasor of the first of the		
ARTICLE I - Name: The name of the Limited Liability Company is:		
Heaven On Earth Property Maintenance LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Comp	oany is:
rincipal Office Address:	Mailing Address:	
5425 Estero Blvd. Fort Myers Beach, FL 33931	5425 Estero Blvd. Fort Myers Beach, FL 3393	11
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.	egistered Agent. You must desig)	: gnate an individual or
The name and the Florida street address of the registered a	gent are:	
<u>Jaime Carrillo</u> Name		
5425 Estero Blvd. Florida street address (P.O. Box J	NOT acceptable)	
Fort Myers Beach	FL 33931	
City	Zip	
llaving been named as registered agent and to accept serve the place designated in this certificate, I hereby accept acapacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation. Chapte Registered Agent's Signature.	the appointment as registered age fall statutes relating to the proper gations of my position as registere r 605, F.S	ent and agree to act in this and complete performance
(CONTINUE	D)	
Page 1 of 2		。 在 22

FILED

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SECRETARY OF STATE
ALLAHASSIES FLORIDY

"AMBR" $=$ Authorized Member	Name and Address:
"MGR" = Manager	
MGR = Manager MGR	Jaime Carrillo
MOIN	5425 Estero Blvd.
	Fort Myers Beach, FL 33931
(Use attachment if necessary)	
effective date is listed, the date must be specif	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days :
effective date is listed, the date must be specif ate of filing.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days :
effective date is listed, the date must be specifate of filing.) ICLE VI: Other provisions, if any.	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days :
effective date is listed, the date must be specifate of filing.) ICLE VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 days :
effective date is listed, the date must be specifiate of filing.) ICLE VI: Other provisions, if any. REQUIRED STONATURE:	ic and cannot be more than five business days prior to or 90 days :
reffective date is listed, the date must be specifiate of filing.) ICLE VI: Other provisions, if any. REQUIRED STONATURE: Signature of a memb	er or an authorized representative of a member.
effective date is listed, the date must be specifiate of filing.) ICLE VI: Other provisions, if any. REOUIRED STONATURE: (In accordance with section 605.0)	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: (In accordance with section 605.0) constitutes an affirmation under the	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
effective date is listed, the date must be specifite of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: (In accordance with section 605.0) constitutes an affirmation under the lam aware that any false information.)	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ition submitted in a document to the Department of State
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REQUIRED STONATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the lam aware that any false informat constitutes a third degree felony as	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ition submitted in a document to the Department of State

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

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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