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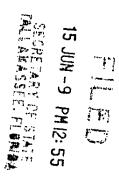
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JUN 1 1 2015 S. GILBERT

# **COVER LETTER**

N

SUBJECT:		Facility Management LLC			
SUBJECT	•	Name of Lir	nited Liabili	ty Company	·····
The enclose	ed Articles of	Organization and fee(s) ar	re submitted	for filing.	
Please retur	n all corresp	ondence concerning this m	atter to the fo	ollowing:	
	Gregory Ca	rr			
			Name of	Person	
	Suncoast Fa	cility Management, LLC			
			Firm/Co	npany	<del> </del>
	35246 US F	Iwy 19 N #241			
			Addre	:ss	
	Palm Harbo	r, FL 34684			
			City/State and	l Zip Code	
<u> </u>		ficepride.com	1 Com Cutures o	munal warmant matificati	lou's
		E-mail address: (to be used		nnuar report notificat	ion)
For further in	iformation co	oncerning this matter, pleas	se call:		
	Gregory Car	r 7 at (	27	373-8842	
•	Nan		Area Code	Daytime Telephon	e Number
Enclosed is	a check for	the following amount:			
<b>\$125</b> .00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy at 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 Address

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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### ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUN-9 PM 12:55

**Mailing Address:** 

Suncoast	Facility	Management,	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:

# Suncoast Facility Management, LLCSuncoast Facility Management, LLC35246 US Hwy 19 N #24135246 US Hwy 19 N #241Palm Harbor, FL 34684Palm Harbor, FL 34684

### 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:

**Principal Office Address:** 

Gregory Carr		
	Name	·
1641 Chestnut Ct E		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Palm Harbor	FL	34683 -
City	State	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Gragory I. Corr
AMBR	Gregory J. Carr 35246 US Hwy 19 N #241
	Palm Harbor, FL 34684
AMBR	Erin M. Carr
AMBR	35246 US Hwy 19 N #241
	Palm Harbor, FL 34684
ctive date is listed, the date must b f filing.)	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 da  not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must b f filing.)	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
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