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EFFECTIVE DATE
10-1-15



OCT 7 2015

S. GILBERT

OCT ' 7 2015

S. GILBERT

COVER LETTER

-7

	Registration Section Division of Corporations	
SUBJECT:	Renova Maintenance Solutions, LLC	
SUBJECT.	Name of Limited Liability Company	
The enclose	sed Articles of Organization and fee(s) are submitted for filing.	
Please retur	urn all correspondence concerning this matter to the following:	
	James P. McCuen	•
	Name of Person	
	Renova Maintenance Solutions, LLC	
	Firm/Company	
	3455 Tabb Drive	
	Address	
	Deltona, Florida 32738	
	City/State and Zip Code renovaclean@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call:	
	James P. McCuen 407 733-1892	
-	Name of Person Area Code Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
\$125.00 Fil	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{\$200 Filing Fee & Certificate of Status}\$\int \$200 Filing Fee & Certificate of Certific	f Status &
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		,	LED
Renova Maintenan	ce Solutions II C			T-2 PHII: 42
(Must end w	ith the words "Limited	d Liability Company	7, "L.L.C.," or "LLC.") § 5 1.	HASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street add				
<u>Principal</u>	Office Address:		Mailing Address:	EFFECTIVE DATE
3455 Tabb Drive			455 Tabb Drive	
Deltona, FL 32738		<u></u>	Deltona, FL 32738	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac The name and the Florida street ac	annot serve as its owr tive Florida registration	n Registered Agent. on.)		ual or
	James P. McCue	n		
		Name		
	3455 Tabb Drive	;		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
	Deltona	Florida	32738	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Me	Name and Address: mber
"MGR" = Manager	
AMBR	James P. McCuen
	3455 Tabb Drive Deltona, FL 32738
	Denoma, PL 32/36
	
fective date is listed, the dat of filing.)	than the date of filing: October 1, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other fective date is listed, the date of filing.) f the date inserted in this blo	than the date of filing: October 1, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will no Department of State's records.
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