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TO: Registration Section Division of Corporations

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SUBJECT: Maitland Search Group, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

<u>Christopher A. Roche</u> Name of Person

Law Office of Christopher A. Roche Firm/Company

229 N. Collier Boulevard Address

<u>Marco Island, FL 34145</u> City/State and Zip Code

<u>Manny.delvalle@gmail.com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher A. Rocheat (239) 389-0700Name of PersonArea CodeDaytime Telephone Number

Enclosed is a check for the following amount:

[X] \$125.00 [] \$130.00 [] \$155.00 [] \$160.00
Filing Fee & Filing Fee & Filing Fee & Filing Fee, Certificate
Certificate of Status
Certified Copy of Status & Certified
(additional copy
is enclosed) is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Street/Courier Address:

Registration Section Division fo Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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N

"LLC"

640 Old Horatio Avenue640 Old Horatio AvenueMaitland, FL 32751Maitland, FL 32751

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:

Christopher	Α.	<u>Roche</u>	
		Name	

229 N. Collier Boulevard Florida Street Address (P.O. Box **NOT** accepted)

Marco Island	FL 3 <u>4145</u>
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.

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Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address	்ப
"AMBR" = Authorized Member "MGR" = Manager		- PH
-		
MGR	<u>Manuel C. Del Valle</u> 640 Old Horatio Avenue	(*
	Maitland, FL 32751	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing <u>September 21, 2015</u> (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 the 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.)

> Manuel C. Del Valle Typed or printed name of signee

> > Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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