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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/21/15--01017--015 **125.00





COVER LETTER

то:	Registration Section Division of Corporatio	ns		
SUBJ		ervice & Repairs LLC		
SUBJ		Name of Limited	Liability Company	.
The er	closed Articles of Organiz	ation and fee(s) are sub	mitted for filing.	
Please	return all correspondence	concerning this matter t	o the following:	
	Craig Demange			
		Na	ame of Person	
	CD Maintenance Ser	vice & Repairs LLC		
		F	irm/Company	
	3684 Christmas Palm	ı Pl		
			Address	
	Oviedo, FL 32765			
	crinthehs@aol.com	City/S	tate and Zip Code	
		Idress: (to be used for f	future annual report notif	fication)
For furt	her information concerning	this matter, please call	:	
	Carig Demange	407 at (461-0741	
	Name of Pers		Code Daytime Telep	phone Number
Enclos	ed is a check for the follow	ving amount:		
	00 Filing Fee \$130.0	00 Filing Fee & Cate of Status	\$155.00 Filing Fee & Certified Copy Iditional copy is enclose	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	tion rporations	Street Address New Filing Section Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Name:	15 DEC 21 AM 8:
The name of the Limited Liability Company is:	
	SECRETARY OF STA TALLAHASSEE FLORI
CD Maintenance Service & Repairs LLC	TALLAHASSEE FI.OH
(Must end with the words "Limited Liability Comp-	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limi Principal Office Address:	ted Liability Company is: Mailing Address:
Craig Demange	
3684 Christmas Palm Pl	
Oviedo, FL 32765	
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agenanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	

Craig Demange

Name

3684 Christmas Palm Pl

Florida street address (P.O. Box NOT acceptable)

Oviedo

AM 8: 04

City

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 "MGR" = Manager	d Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE H ORIDA
	MGR		Craig Demange	
		_	3684 Christmas Palm Pl	
			Oviedo, FL 32765	
		_		
		-		
		_		
	(Use attachment if necessary)			
	(Use attachment if nece	essary)		
	LEV: Effective date, if	other than the date of fil		(OPTIONAL)
ın ef date	LEV: Effective date, if of fective date is listed, the of filing.)	other than the date of file date must be specific	and cannot be more than five bu	siness days prior to or 90 days af
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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 (Co. 1)

\$ 5.00 Certificate of Status (Optional)

Craig Demange