

L16000043505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

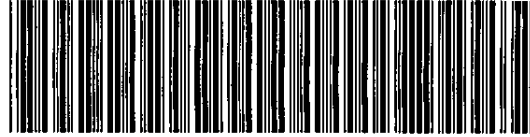
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/19/16--01034--003 **130.00

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
16 MAR -3 PM 11:24

W16-006294

03/04/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2016

HOPETON KENTON
3953 C SAN ANSELMO DR.
LAKE WORTH, FL 33467

*** 2ND MAILING ***

SUBJECT: FACILITIES MAINTENANCE & SERVICES, LLC
Ref. Number: W16000006294

We have received your document for FACILITIES MAINTENANCE & SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

- ✓ Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.
- ✕ The document number of the name conflict is P14000004614 (FACILITIES MAINTENANCE SERVICES INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 916A00001966

RECEIVED
16 MAR -3 PM 2:54
DIVISION OF STATE
CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Facilities Maintenance & Services
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Hopeton Kenton

Name of Person

Facilities Maintenance & Services, LLC

Firm/Company

408 - 17th Street

Address

West Palm Beach, Florida, 33407

City/State and Zip Code

hopetonkenton@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hopeton Kenton

561

6353197

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Facilities Service & Equipment Providers, 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:

Principal Office Address:

408- 17th Street

West Palm Beach

Florida 33407

Mailing Address:

3953 C San Anselmo Drive

Lake Worth

Florida

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:

Hopeton Kenton

Name

3953 C San Anselmo Drive

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

Lake Worth

Florida

33467

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)

FILED
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DIVISION OF CORPORATIONS
16 MAR -3 AM 11:26

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Hopeton Kenton

3953 San Anselmo Drive

Lake Worth, FL33467

AMBR

Tanya Francisco

1061 Big Torch Street

Riviera Beach, FL33407

(Use attachment if necessary)

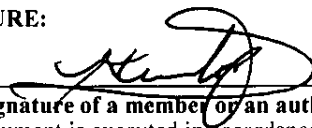
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Hopeton Kenton

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)