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NISKE TO PH 2: 12

03/09/16

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Maria'S Home Semices, LLC 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: |
| Lynnc Viana Name of Person |
| Imex Stone Firm/Company |
| 3591 Old Metro Pky |
| Address FOYT WYCYS FL 33916 City/State and Zip Code Lynne @ incx Stone.net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| 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: | |
| Mana's Home (Must end with the words "Limited Liability Co | ompany, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal office of the I | Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 6814 Babankst Fort Myers FL 33946 | 10816 BODGOCK ST FOUT MUCKS FL 38966 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) | |
| (The Limited Liability Company cannot serve as its own Registered A | |
| (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) | |

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

SECRETARY OF STATE IS NOTIFIED TO PH 2: 12

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | Wang Viang Legile Babcock St Fort hyers FL 33966 |
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| | |
| (Use attachment if necessary) | - 1 |
| the date of filing.) | specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed as |
| ARTICLE VI: Other provisions, if any. | |
| <u>REOUIRED</u> SIGNATURE: | |
| | à (liano) |
| This document is exe I am aware that any f | member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. ealse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |
| <u> </u> | Typed or printed name of signee |
| | Filing Fees |

ARTICLE IV-

Page 2 of 2

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

\$ 5.00 Certificate of Status (Optional)