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(Re	questor's Name)	
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. (Cit	y/State/Zip/Phone	= #)
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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TO A SHOW SHEET SUFFICIENCY OF FILING

16 MAR 28 PM 1: 1

16 MAR 28 FH 1:2



MAR 28 2016 T SCHROEDER

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Property Maintenance + P. Name of Limited Liability C	Preservation Services L Company
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the follo	wing:
Steven Johnson	
Name of Per	
Firm/Compa	nny .
701 Gladiula Terr. Address	
Address	
Tall El 7777	
Tall. fl. 32303 City/State and Zi	p Code
City/State and Zi Steveo, Johnson #6@ o E-mail address: (to be used for future annu	mail.com
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, please call:	· · · · · · · · · · · · · · · · · · ·
, <u> </u>	•
. Steve Johnson at (\$50)	850-597-2208 · -
	Daytime Telephone Number
Englycod is a chark for the following amounts	
Enclosed is a check for the following amount:	
Certificate of Status Certified (iling Fee & S160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Str	eet Address
New Filing Section Ne	w Filing Section
	vision of Corporations fton Building
Tallahassee, FL 32314 266	61 Executive Center Circle Hahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
-------------------	--

The name of the Limited Liability Company is:

Property Maintenance & Preservation Services 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:	Mailing Address:
701 Gladiola Terrace Tallanussee Fl 32303	

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:

Steven	Tourse	on
	Name	
701 61a	diola Ter	race
Florida street addr	ess (P.O. Box <u>NO</u>)	[acceptable)
Tall	FL.	-32303
City	State	Ziņ

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF SMILE

	horized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
MGR" Manager	Steven Johnson
	201 Gladina Terrace
	701 Gladiola Terrace Tullanussee Fl 32303
	•
•	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date	of filing: 3/28/16 (OPTIONAL)
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be speed at effiling.) ote: If the date inserted in this block does not not a document's effective date on the Department.	of filing: 3/25/16 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be lis of State's records.
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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)

ARTICLE IV-

Page 2 of 2