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## COVER LETTER

Registration Section

TO:

Div	vision of	Corpora	tions				
SUBJECT:		IOR MA	INTENANCE				
SOBJECT.			Name o	f Limited Lial	pility Company		-
The enclosed	d Article:	s of Orgai	nization and fee	(s) are submitt	ed for filing.		
Please return	n all corre	esponden	ce concerning th	is matter to th	e following:		
	MAYKE	R GUTII	ERREZ				
-				Name	of Person		
:	SUPERI	OR MAII	NTENANCE				
-				Firm/0	Company		
:	8466 BL	ACKBEF	RRY ROAD				
_				Ad	dress		
1	FORT M	YERS	FL 33967				
N	1AYKER		TMAIL.COM	City/State	and Zip Code		
<u></u>		E-mail	address: (to be	used for futur	e annual report notificat	tion)	<del></del>
For further inf	formation	concerni	ing this matter, p	lease call:			
R	RUTH G	UTIERRE		239 t (	878-0012		
	N	lame of P		Area Code		ne Number	•
Enclosed is a	a check fo	or the foll	owing amount:				
S125.00 Fili	ing Fee		0.00 Filing Fee rtificate of Statu	s LLCert	5.00 Filing Fee & ified Copy onal copy is enclosed)	Certified (	e of Status &
	Nev Div P.O	Box 632	ection Corporations		Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle	16 4FR 25 FB



March 31, 2016

MAYKER GUTIERREZ 8466 BLACKBERRY ROAD FORT MYERS, FL 33967

SUBJECT: SUPERIOR MAINTENANCE

Ref. Number: W16000023976

We have received your document for SUPERIOR MAINTENANCE 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 of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 016A00006633

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

FILED

16 APR 25 PH 3-27

### SUPERIOR MAINTENANCE 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:

City

Principal Office Address:	Mailing Address:
8466 BLACKBERRY ROAD	SAME AS OFFICE ADDRESS
FORT MYERS FL 33967	-
RTICLE III - Registered Agent, Registered Office, & R the Limited Liability Company cannot serve as its own Reg	
other business entity with an active Florida registration.)	
	nt are:
ne name and the Florida street address of the registered age <u>ANTHONY MELENDEZ</u>	
ne name and the Florida street address of the registered age <u>ANTHONY MELENDE</u> 2	Z ime
Na 17856 BRIAR RIDGE CI	Z ime

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..

State

Zip

(EQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authoriz "MGR" = Manager	Name and Address: ed Member
MGR = Manager MGR	MAYKER GUTIERREZ
WOK	8466 BLACKBERRY ROAD
	FORT MYERS FL 33967
	TORT WITERS TO 30701
AMBR	RUTH GUTIERREZ
	8466 BLACKBERRY ROAD
	FORT MYERS FL 33967
•	
(Use attachment if ne	
TICLE V: Effective date, i	other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 days.
RTICLE V: Effective date, is an effective date is listed, the date of filing.)  ote: If the date inserted in the date in the date in the date in the date inserted in the date inserted in the date inserted in the date.	other than the date of filing: (OPTIONAL)
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RTICLE V: Effective date, if an effective date is listed, the date of filing.)  ote: If the date inserted in the document's effective date  RTICLE VI: Other provision  REOUIRED SIGNA  This Lam	other than the date of filing:
TICLE V: Effective date, is an effective date is listed, to date of filing.) te: If the date inserted in the document's effective date TICLE VI: Other provision  REOUIRED SIGNA  This I am	Signature of a member or an authorized representative of a member.  locument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  Iway that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.  Mayber Subject 2  Typed or printed name of signce
TICLE V: Effective date, is an effective date is listed, to date of filing.)  te: If the date inserted in the document's effective date.  TICLE VI: Other provision.  REOUIRED SIGNA  This I am const	TURE:  Signature of a member or an authorized representative of a member.  locument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, aware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)