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(Requestor's Name)
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(Address)
(tables),
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2015

G CARTER 8950 NW 18TH AVENUE MIAMI, FL 33147

SUBJECT: CARTER PROPERTY MAINTENANCE LLC

Ref. Number: W15000028461

RECEIVED AUG 20 2015

We have received your document for CARTER PROPERTY MAINTENANCE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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: 615A00008197

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		16	MAY	12	PH	2:	16
ARTICLE I - Name: The name of the Limited Liability Company is:		cr.		,	uz er	ፕ ት ፐ	C
	ty Main terancel		dlim 120 3 1 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	и э 1, F1.	ONI)/.
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is	:					
Principal Office Address:	Mailing Address:						
8950 1 W. 18th Ave Miami F1 33147	8950 N.W. 18th A Miami Fl 3319	re 7					
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	gistered Agent. You must designate ar	ı indivi	dual or				
The name and the Florida street address of the registered ag	ent are:						
Gendine	\wedge 1						
Name							
8950 n.w.	18th Ame						
Florida street address (P.O. Box N	OT acceptable)						
Miami	fl 33147						
City	Zip						
Having been named as registered agent and to accept servion the place designated in this certificate, I hereby accept the					at		

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

Fitle: 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
AMBR	Chenita Robinson 8950 n.w. 18 Be Miami Fl 33147
EV: Effective date, if other than the date	of filing: Wa(ch 25, 2015 (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)	of filing: <u>(V) 35 3015</u> (OPTIONAL) ecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)	of filing: Wa(N) 25,2015 (OPTIONAL) ecific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be speffiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: No (N) 25 2015 (OPTIONAL) ecific and cannot be more than five business days prior to or? Carta

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (Control of States (Cont

\$ 5.00 Certificate of Status (Optional)

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