## L/6000/52316

(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
В	usiness Entity Name	)
-,	<b>,</b>	,
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

10.	Division of Corporations	
SURIF	Vidal Maintenance L.L.C.	
SOBJE	Name of L	imited Liability Company
The enc	losed Articles of Organization and fee(s)	are submitted for filing.
Please re	eturn all correspondence concerning this i	natter to the following:
	June Vidal Mercado	
		Name of Person
	Vidal Maintenance L.L.C.	
		Firm/Company
	8105 Canyon Oak Ln.	
		Address
	Orlando, Fl 32822	
	vidalmaintenance0@gmail.com	City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For furthe	er information concerning this matter, plea	ase call:
		407 484-8872
	Name of Person	Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
]\$125.00	Filing Fee \$\times \text{Certificate of Status}	\$155.00 Filing Fee & S160.00 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 Li	ability Company is:		
Vidal Maintenar	nce L.L.C.		
(Must	end with the words "Lim	ited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the princip	al office of the I	Limited Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
8105 Canyon Oa Orlando, Fl 328			8105 Canyon Oak Ln Orlando, Fl 32822
ARTICLE III - Registered (The Limited Liability Com another business entity with	pany cannot serve as its o	wn Registered A	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida st	treet address of the registe	ered agent are:	
	June Vidal Merca	ido	
		Name	
	8105 Canyon Oal	c Ln	
	Florida street add	lress (P.O. Box	NOT acceptable)
	Orlando	Fl	32822

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

City

Registered Agent's Signature (REQUIR

Zip

(CONTINUED)

Page 1 of 2

CRETAKY OF SIA

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

HANADDU — Austronius d'Manches	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR — Manager	June Vidal Mercado		
	8105 Canyon Oak Ln		
	Orlando, Fl 32822		
AMBR	Shannon Byington		
	8105 Canyon Oak Ln		
	Orlando, Fl. 32822		
(Use attachment if necessary)			
LEV: Constitue data if other than the data	of filing: (OPTI	ONAL	
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