

L16000186756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

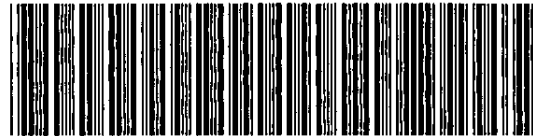
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT -7 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ma 10/10/16

Maintenance Xperts, LLC

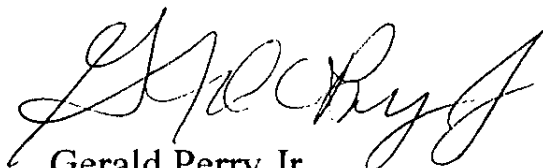
Friday, September 30, 2016

To Whom It May Concern:

I, Gerald Perry Jr. am the owner:

Maintenance Xperts, LLC
14081 Devan Lee Drive West Jacksonville, Florida 32226
(904)802-9609 or (904) 480-1322
geraldperry82@gmail.com or onblastmarketing@gmail.com

Sincerely,



Gerald Perry Jr.
Maintenance Xperts, LLC

Make all checks payable to Maintenance Xperts, LLC

Thank you for your business!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAINTENANCE XPERTS 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:

MALCOLM H. WRIGHT
Name of Person

MAINTENANCE XPERTS LLC
Firm/Company

14081 DEVAN LEE DR
Address

JACKSONVILLE FL 32226
City/State and Zip Code

ON BLAST MARKETING @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MALCOLM WRIGHT at (904) 480-1322
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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 Liability Company is:

MAINTENANCE XPERTS 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:

14081 DEWAN LEE DR WEST
JACKSONVILLE FL 32226

Mailing Address:

14081 DEWAN LEE DR WEST
JACKSONVILLE FL 32226

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:

Audio Addiction LLC
Name

7925 Beach Blvd
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32246
City State Zip

16 OCT -7 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

AMBR

Name and Address:

MALCOLM H. WRIGHT
8038 INTERNATIONAL VILLAGE DR
JACKSONVILLE FL 32277

MALCOLM H. WRIGHT
8038 INTERNATIONAL VILLAGE DR
JACKSONVILLE FL 32277

GERALD PERRY JR
14081 DEYAN LEE DR WEST
JACKSONVILLE FL 32226

(Use attachment if necessary)

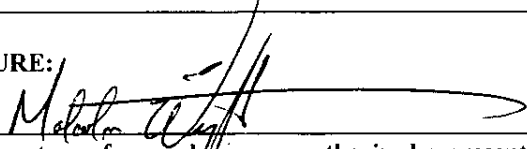
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

MALCOLM H. WRIGHT
Typed or printed name of signer

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)