

L16000224619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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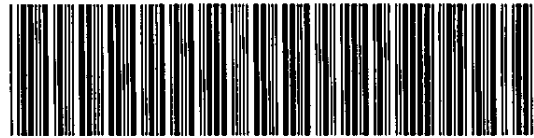
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/28/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPLETE PROPERTY MAINTENANCE SOLUTIONS
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:

LISA S. CURT

Name of Person

COMPLETE PROPERTY MAINTENANCE SOLUTIONS

Firm/Company

111 LAKEVIEW DRIVE

Address

NOKOMIS FL. 34275

City/State and Zip Code

LISACURT3002@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA S. CURT

Name of Person

at (941)

Area Code

993 3002

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

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\$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2016

LISA S. CURT
111 LAKEVIEW DRIVE
NOKOMIS, FL 34275

SUBJECT: COMPLETE PROPERTY MAINTENANCE SOLUTIONS "LLC"
Ref. Number: W16000079542

We have received your document for COMPLETE PROPERTY MAINTENANCE SOLUTIONS "LLC" 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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.," "LC.," "Ltd.," and "Co."

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 016A00025330

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~COMPLETE PROPERTY MAINTENANCE SOLUTIONS "LLC."~~

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

COMPLETE PROPERTY MAINTENANCE SOLUTIONS OF FLORIDA "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:

111 LAKEVIEW DR
NOKOMIS FL 34275

PO BOX 59
NOKOMIS FL 34274

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:

LISA S. CURT
Name

111 LAKEVIEW DRIVE
Florida street address (P.O. Box NOT acceptable)

NOKOMIS FL 34275
City State Zip

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.

Lisa S. Curt
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

LISA S. CURT

111 LAKEVIEW DR

NOVOMIS FL 34275

RICHARD CURT

111 LAKEVIEW DR

NOVOMIS FL 34275

(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.

RICHARD CURT

Typed or printed name of signee

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)

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RECEIVED
TALLAHASSEE
FLORIDA
STATE