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Special Instructions to	Filing Officer:	

Office Use Only



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FILED
2011 HAY -3 PH 2: 15

2018 MAY -3 PM 2: 11

## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Integrity	Maintenance Solutions, LLC Name of Limited Liability Company	
The enclosed Articles of Organization	and fee(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
TIMMY	WIMES	
,	Name of Person	
	Firm/Company	
1223 Clev	eland st. unit!	
	Address In the second s	
Tallahasse	e. F1. 32310	- ::
1	City/State and Zip Code	į.
	16 S D Yoy 100, Cond ====================================	ij
For further information concerning this n		
tor turner information concerning this in	natter, please call: [275] G	
THAY WINE	Area Code Daytime Telephone Number	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following as	nount:	
\$125.00 Filing Fee \$130.00 Fili Certificate of	ng Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.	
Mailing Address New Filing Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICI	.E I -	Name:
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The name of the Limited Liability Company is:

Intervity Maintenance Solutions, LLC
(Must contain the words "Limited Liability Company. "L.L.C.," or "L.L.C.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1223 Cleveland St	1223 Cleveland street
Tallahassee, Fl.	Tallahapper Fl
323/0	_32310

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:

Name
1223 LIEVELAND Street
Florida street address (P.O. Box NOT acceptable)

32310

Jalahussee Fl 32310 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..

Simular Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" & Manager	,
Williager N C-R	JIMMY NIMED
	1223 Cleveland Street
	Jallahasse, +1.32310
(Use attachment if necessary)	
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