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| (Requestor's Name |) |
|---|-------------|
| (Address) | |
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| PICK-UP WAIT | MAIL |
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| (Document Number |) |
| Certified Copies Certificate | s of Status |
| Special Instructions to Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|--|
| SUBJECT: Dee'S Commercial Residential Mainte Name of Limited Liability Company | nance LLC |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| MAYONTEZ Dukes Name of Person | |
| | |
| M Dixie Drive | |
| Tallahassee Fl 32304 City/State and Zip Code Davonte 2 — Dec 2014a yahoo. Com E-mail address: (to be used for future annual report notification) | · . |
| For further information concerning this matter, please call: | |
| Name of Person Area Code Daytime Telephone Number | _ |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status | 00 Filing Fee. icate of Status & ed Copy nal copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|--|----------------------------------|
| Dee 'S Commercial Resident Control of Resident Contain the Words "Limited Liability" | dential Maintenance L.L.C. |
| ARTICLE II - Address: The mailing address and street address of the principal office of t | he Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4 2 3 | <i>i</i> ` |

| 110 Dixie Drive Tallahassee, FL 32304 | Same |
|--|------|
| Tallahassee, Fl 32304 | |
| | |
| | |

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:

ARTICLE I - Name:

| 1)AvonTez | Dukes | |
|--------------------------|----------------------------|-------------|
| | Vame | |
| 110 1):x:c | Prive | |
| Florida street address (| P.O. Box <u>NOT</u> | acceptable) |
| Tallahassee | FL | 32304 |
| 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| AMBR | MayonTel Dukes |
| | 110 Dixie Dr |
| | Tallahassie, HZ 32304 |
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| (Use attachment if necessary) | data of Glings (ODTIONAL) |
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| TLE V: Effective date, if other than the ffective date is listed, the date must h | |
| TLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) | pe specific and cannot be more than five business days prior to or 90 days a |
| LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does | not meet the applicable statutory filing requirements, this date will not be list |
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)