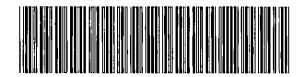
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only

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COVER LETTER

	ew Filing Section (vision of Corporations	
SUBJECT	D.B. NELSON Name of Li	5 MAINTENANCE LLC mited Liability Company
The enclose	ed Articles of Organization and fee(s) a	re submitted for tiling.
Please retui	rn all correspondence concerning this n	satter to the following:
	DWayn	Name of Person
		<u> </u>
	2806 Haru	rood ST
		Address
	2806 Haru	See 4/ 3230/ City/State and Zip Code
_	<u></u>	City/state and Zip Code
	E-mail address: (to be use	d for future annual report notification)
	nformation concerning this matter, plea	
\mathcal{D}	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clitton Building 2661 Executive Center Circle
	i minimosee, l i. Jaj 19	2001 Brockers Gener Chele

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	Ri	ľ	C.	l.	E	1	N	a	m	¢	:

The name of the Limited Liability Company is:

D. B. NELSON'S MAINTENANCE LL C
(Musicontain 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 A	<u>ddress</u> :
2806 Harwood ST TIALLANASSE - 4/32301-	2,906	Harwood ST
TIALLIANNESSE + 13230/	TALLAN	~55ec+18230/
_		

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:

Duryne Melson

2806 Harroud ST

Florida street address (P.O. Box NOT acceptable)

TALLahussee +/ 3230/

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)

ON DEC 12 AH 8: 59

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)