# L19000164718

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Special Instructions to Filing Officer:		

Office Use Only



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N CULLIGANI 1/5/19

# **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Mand Maintenance, 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:
DAULD MICHGEL WESTBERRY Name of Person
Firm/Company
LOT 83, 2371 SE Highway 31 Address
ARCADIA FL 342.66  City/State and Zip Code  m/eitch 4037 @ gmail. 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:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)}
Martin Addition

# **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



May 14, 2019

DAVID MICHAEL WESTBERRY 2371 SE HIGHWAY 31 LOT 83 ARCADIA, FL 34266

SUBJECT: M AND M MAINTENANCE SERVICE, LLC

Ref. Number: W19000047397

L. AND W MAINTENANCE SERVICE OF SWFL, L. L. C.

We have received your document for M AND M MAINTENANCE SERVICE, 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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: 419A00009721

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is  (Must contain the words "Li		SERVICE OF SWFL, L.L.
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited	1 Liability Company is:
Principal Office Addres	<u>s</u> :	Mailing Address:
Lot 83, 2371 St /	twy 31 L	783, 2371 SE Hwy 31
741CH 2011 6 2 CE		
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	Office, & Registered Agents own Registered Agent.	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i	Office, & Registered Agents own Registered Agent. istration.)	You must designate an individual or SECRE A FILE
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as a another business entity with an active Florida reg  The name and the Florida street address of the reg  Lot 83	Office, & Registered Agents own Registered Agent istration.)  istered agent are:  Name	You must designate an individual or SECRE SEE FLO
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as it another business entity with an active Florida reg The name and the Florida street address of the reg	Office, & Registered Agents own Registered Agent. istration.) pistered agent are:    Left Columns   Name   371 SE	You must designate an individual or SECRE FLORIDA ASSEE, FLORIDA ASSEE, FLORIDA ACCeptable)

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)

	The name and address of each person authorized	to manage and control the Limited Liability Company:
. ,	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager AIN Di	DAVID M WISTBERRY LOT 83, 23715E Hay311 areadia + 34266
	mar	Mary Leitch Lot 83, 237: SE Hwy 31 avcadia FC 34266
	(Use attachment if necessary)	
(If an ef the date <u>Note:</u> J	fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the	(OPTIONAL) d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
	ument's effective date on the Department of State'  LE VI: Other provisions, if any.	s records.
	Signature of a member of	an authorized representative of a member.  cordance with section 605.0203 (1) (b), Florida Statutes.
	I am aware that any false informations are constitutes a third degree felony a	ation submitted in a document to the Department of State as provided for in s.817,155, F.S.
	<u> </u>	or printed name of signee

Filing Fees:
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

ARTICLE IV-