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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Tand T Maint	enancelle
Name of Limited L	iability Company
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Terry From	st Sc.
, Nam	ne of Person
Tand T Main	tenance
Firm	n/Company
6290 Rivers Landing Ct.	<u> </u>
	Address
Tallahassee F1. 303 City/State Ent maint@comcast.	Address 503 te and Zip Code
City/Stat	te and Zip Code
E-mail address: (to be used for fut	
for further information concerning this matter, please call:	8. 55
Name of Person Area Coo) 344-1420
Name of Person Area Coo	de Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Co	\$155.00 Filing Fee & ☐ 160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

[Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")

ARTICLE II - Address:

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

Mailing Address: 6290 Rivers Landing Ct.
Tallahassee, Fl. 32303

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:

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

Tallahessan Fl. J230>
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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
	lerry Frost - MGR	
	Leano Rivers Landing Ct. Telluhasses Fl. 32303	
	Telluhussee 1=1. 32303	
	Tella Frest - AMBR	
	Tallahasser Fl. 32303	
	Tallahasser Fl. 32303	
(Use attachment if necessary)		
the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this t of State's records.	date will not be listed
ARTICLE VI: Other provisions, if any,		
REQUIRED SIGNATURE:	-	
I.	- Front	
		
Signature of a n	tember or an authorized representative of a member	er.
	uted in accordance with section 605.0203 (1) (b), Flor se information submitted in a document to the Departn	
	ee felony as provided for in s.817.155, F.S.	
- The state of the	r 1	200 JUN 21
	Typed or printed name of signee	
	Typed or printed name of signee	≥ _
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	nal)	HAS en C
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