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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER \*

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SUBJECT:	rapped /Vai	Atenance LLC.	
	Name of Lim	ntenance LLC. ited Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
DI	l	man to the Collections	
Please return all corresp	ondence concerning this mat	tter to the following:	
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Nai	ne of Person Ar	<b>3350</b> ) <b>999-3249</b> rea Code Daytime Telephor	ie Number
Enclosed is a check for	the following amount:		
Enclosed is a check for	the following amount.		
□\$125.00 Filing Fee	■\$130.00 Filing Fee &	□\$155,00 Filing Fee &	□\$160.00 Filing Fee, Certificate of Status &
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		(manifestal ask) in surrounds	(additional copy is enclosed)
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NEAD	ing Address	50 CC Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Safe Home Mainten	ance LLC.
(Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
2270 Clara Kee blvd. Pallahassee R. 32303	2270 Clara Kee blyd. Igllahassee A. 32303
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	I Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Sergio Najcia	
2270 Clara Kee Florida street address (P.O. Bo:	blvd.

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..

(CONTINUED)

(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: \frac{1}{20/20.21} \tag{OPTIONAL}\$  [Rective date is listed, the date must be specific and cannot be more than five business days prior to or 9 of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not uncent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOURED SIGNATURE:    A	Title:	Same and Address:
Authorized Member    Scrain   Lagrange   Lagrange   Lagrange   Leve   Leve   Lagrange   Leve   Leve   Lagrange   Leve   L		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is excit am aware that any fine constitutes a third department.	member or an authorized representative of a member.  cented in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:
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ARTICLE IV-