L22000/18488

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2022 APR 11 PH 3: 35

D. O'KEEFE MAY - 2 2022

COVER LETTER

TO:	New Filing Sec Division of Cor				多 2番 2番 第
CLIDA		ERTY MAINTENA	NCE LLC		
SUBJI	r.C.1:	Nam	e of Limited Lie	bility Company	
The en	iclosed Articles of	Organization and f	ce(s) are submit	ted for filing.	
Please	return all correspo	ondence concerning	this matter to tl	he following:	
	THOMAS E	. HERNANDEZ			
	-		Name	of Person	
			Firm	(Company	
	20539 KEEN	NE ROAD		· · · · · · · · · · · · · · · · · · ·	
			A	ddress	
	WIMAUMA	. FL 33598			
	Hern	Adez E-mail address: (to	1909	and Zip Code Yahoo Co re annual report notifical	
For furth		ncerning this matte			
	THOMAS E.	HERNANDEZ	941 at (527-5710	
	Nam	e of Person		e Daytime Telephor	ne Number
Enclos	ed is a check for the	he following amour	ıt:		
■\$12	5.00 Filing Fee	□\$130.00 Filing Certificate of Sta	atus Cer	3155.00 Filing Fee & tified Copy ional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	New F Divisio P.O. B	og Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee cet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HL PROPERTY MAINTENANCE LLC (Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
<u>Principal Office Address</u> : 20539 KEENE ROAD	<u>Mailing Address:</u> 20539 KEENE ROAD

The name and the Florida street address of the registered agent are:

THOMAS E. HERN	IANDEZ	
	Name	
20539 KEENE ROA	(I)	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
WIMAUMA	FL	33598
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..

Thomas E. 1407.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 APR 11 PM 3: 3

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authoriz "MGR" = Manager	2d Member
AMBR	THOMAS E. HERNANDEZ
	20539 KEÉNE ROAD WIMAUMA, FL 33598
	0/90
<u>AMBR</u>	GLEA-B. HERNANDEZ
(Use attachment if ne	ressary)
f an effective date is listed, t ne date of filing.)	f other than the date of filing: <u>FEBRUARY 26, 2022</u> . (OPTIONAL) he date must be specific and cannot be more than five business days prior to or 90 days after his block does not meet the applicable statutory filing requirements, this date will not be listed as
	on the Department of State's records.
RTICLE VI: Other provision	s, if any.
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNA	THEF.
	homas E. HDZ
1	Signature of a member or an authorized representative of a member.
Lam	document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, aware that any false information submitted in a document to the Department of State itutes a third degree felony as provided for in s.817.155, F.S.
	Thomas Hernandez Typed or printed name of signee
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)