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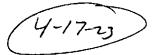
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE FALLAHASSEE, FLORIOZ

7/19/20 5

W23-26789

COVER LETTER

	lew Filing Section Division of Corpora	tions						
SUBJEC.	Creative Mainte	nance	SERVICE	z u	c			
000000		Nam	e of Limited	Liability	Сотрапу			
The enclo	sed Articles of Orga	nization and f	ec(s) are sub	mitted fe	or filing.			
Please reti	ırn all corresponder	ce concerning	this matter t	to the fol	lowing:			
	Erika M. ONeal							
		-	Na	ame of P	erson			
		<u> </u>	r:	irm/Com				
			rı	nnvcom	рану			
	1407 Gleneagles							
	Address							
	Rockledge Fl 329	55						
	F-1 (2 4 4 4 4 4 4 4 4 1 -		-	tate and	Zip Code			
	Erika@Atasteofele	<u>_</u>		·				
					nual report notificati	on)		
For further	information concerr	ing this matte	r, please call	:				
	Erika M. ONeal		321 _at ()	266-3335			
	Name of I	erson	Area C	Code	Daytime Telephone	e Number		
Enclosed	is a check for the fol	lowing amour	nt:					
□\$125.00		\$130.00 Filing rtificate of St	atus	Certified	00 Filing Fee & Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Ad	<u>dress</u>			reet Address			
	New Filing				ew Filing Section Di			
Division of Corporations P.O. Box 6327				The Centre of Taliahassee				
	Tallahassee			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2023

ERIKA M. ONEAL 1407 GLENEAGLES WAY ROCKLEDGE, FL 32955

SUBJECT: CREATIVE MAINTENANCE LLC

Ref. Number: W23000026789

RECEIVED
2023 APR 17 PM 2: 25

We have received your document for CREATIVE MAINTENANCE 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P21000081063.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 323A00004567

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	y Company is:				
Creative Maintenance	DERVICES	LLC			
(Must conta	in the words "Limited	Liability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	ffice of the Limited	d Liability Company is:		
. <u>Princip</u>	al Office Address:		Mailing Address:		
1407 Gleneagles Way	,	140	7 Gleneagles Way		
Rockledge FL 32955		Ro	ckledge FL 32955	_	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	Registered Agent. on.)	ent's Signature: You must designate an individual or	2023 APR 17	SECRETARY
	Erika M O'Neal			PH	m 유
		Name			STS STS
	1407 Gleneagles Wa	у		: 우	204 2016 2016
	4-	**-			
	Rockledge	FL	32955		
	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..

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> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
"AMBR"	Erika M O'Neal
	1407 Gleneagles Wav Rockledge FL 32955
	NOCKICOZE F1. 32733
"AMBR"	DERRICK ONEAL, JR
	1407 GLENERGLES WAY ROCKLEDGE FC 32955
	BOCKLEAGE FC 3273)
	1023 1023
	A AR
	——————————————————————————————————————
	0,000
(Use attachment if necessary)	•
If an effective date is listed, the date must be he date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed int of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE;	a M Olal
This document is exe I am aware that any fa	member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Erika M. O'Ne	al Typed or printed name of signee
	r yped or printed name or 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)