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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
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36.16

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Clint's Homework Name of Limited Liab	Econmercial maintenance LLC illity Company
The enclosed Articles of Organization and fee(s) are submittee	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Clinton mew	Lite III
Firm/C	Company
646 SOAX F	dress
Chetterhoo Che City/State a	annual report notification)
For further information concerning this matter, please call:	almaar report notification)
Clinton Mewant & 850 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certi	55.00 Filing Fee & W\$160.00 Filing Fee, fied Copy Certificate of Status & copy is enclosed) 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 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

(Must contain the words "Limited Liability Company, "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:
646 S OAK Rd	6465 CAK Rd
Chatterhouchee F-132321	C1 = ++ F1 32324
•	•

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:

Name

646 SOAK L

Florida street address (P.O. Box NOT acceptable) 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:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MC-12	Photo- mcwhite III
	Chinton MCWhite III
	- 10 State Court per sant
	
(Use attachment if necessary)	
•	2-14.74
ARTICLE V: Effective date, if other than the solution of the factorial date is listed, the date must be	date of filing: $3 - 18 - 24$ (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
Note: If the date inserted in this block does rethe document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records
ARTICLE VI: Other provisions, if any.	
ARTICLE VI. Oner provisions, it any.	
REOUIRED SIGNATURE:	The Mary
	W
This document is ex	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any constitutes a third de	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
	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)