

L 24000 . 213492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

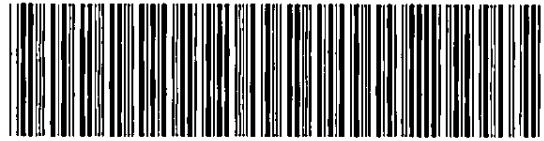
(Business Entity Name)

(Document Number)

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MAY -2 AM 10:55
STATE
FLORIDA

T.S.H
5/14/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BASIC MAINTENANCE SERVICES, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE ANTONIO MORALES SANTIAGO
Name of Person

BASIC MAINTENANCE SERVICES, LLC
Firm/Company

210 NE 8TH ST
Address

CHIEFLAND, FLORIDA 32626
City/State and Zip Code

SECUR4ME12@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A MORALES at (352) 949-4003
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BASIC MAINTENANCE SERVICES, LLC
(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:

210 NE 8TH ST PO BOX 1193
CHIEFLAND, FL 32626 CHIEFLAND, FLORIDA

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:

JOSE ANTONIO MORALES SANTIAGO
Name
210 NE 8TH ST
Florida street address (P.O. Box **NOT** acceptable)
CHIEFLAND FLORIDA 32626
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.

Jose Antonio Morales Santiago
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
JAN 2 2010
TALLAHASSEE
STATE
OF FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

MGR

Name and Address:

JOSÉ ANTONIO MORALES SANTIAGO
210 NE 8TH ST CHIEFLAND, FLORIDA
32626

JOSÉ ANTONIO MORALES SANTIAGO
210 NE 8TH ST CHIEFLAND,
FLORIDA 32626

MICHELLE TRINIDAD MORALES
210 NE 8TH ST
CHIEFLAND, FL 32626

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be 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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

José Antonio Morales Santiago

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOSÉ ANTONIO MORALES SANTIAGO

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)

FILED
MAY - 2 AM 11:00
STATE
FLORIDA

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Tallahassee, FL 32303

FILED
TALLAHASSEE
FLORIDA
JAN 2 2003

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210 NE 8TH ST PO BOX 1193
CHIEFLAND, FL 32626 CHIEFLAND, FLORIDA

32644-1193

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Florida street address (P.O. Box **NOT** acceptable)
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Jose' Antonio Morales Santiago
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAY - 2 AM 11:01
STATE OF FLORIDA

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"MGR" = Manager

AMBR

MGR

MGR

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32626

JOSÉ ANTONIO MORALES SANTIAGO
210 NE 8TH ST CHIEFLAND,
FLORIDA 32626

MICHELLE TRINIDAD MORALE
210 NE 8TH ST
CHIEFLAND, FL 32626

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JOSÉ ANTONIO MORALES SANTIAGO
Typed or printed name of signee

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- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
MAY 2 2011
FLORIDA
STATE