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**EXAMINER** 



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SECRETARY OF STATE ON DIVISION OF CORPORATIONS

1010-124102

## **COVER LETTER**

TO:	Registration Division of (					
SUBJE	ECT:	Mainten	ance Enter	orises, L.L.C.		
		Ŋ	lame of Limited I	Liability Company		
		ation by Foreign Limited Lare submitted to register the				
Please	return all corre	spondence concerning this	matter to the follo	wing:		
•			Jenny St	Germain		_
			Name of	f Person		
		Ma	intenance En	terprises, L.L.C.		_
			Firm/Co	mpany		
			РО Во		·	<del></del>
			Add	ress		
			White Castle		,	_
			City/State an	d Zip Code		
		F-mail address	info@ce	mail.cc	tification)	<del></del>
For fur	ther information	n concerning this matter, pl	•	rure aimaar report no	inication)	
		Jenny StGermain	at (		545-4128	
		Name of Person	Area Code	e & Daytime Telephor	ne Number	
•	MAILING A Division of C Registration P.O. Box 632 Tallahassee,	Corporations Section 27	STREET AI Division of C Registration C Clifton Build 2661 Executi Tallahassee,	Corporations Section ing ve Center Circle		
Enclo	sed is a chec	k for the following ame	ount:			
	<b>✓</b> \$125.00 F		ing Fee &	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, of Status & Cer	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Maintenance Ente	erprises, L.L.C. "Limited Liability Company," "L.L.C.," or "LLC.")	
	• • • • •	• • • • • • • • • • • • • • • • • • • •	
con	name unavailable, enter alternate name adopted for the purpose of sent of the managers or managing members adopting the alternate mpany," "L.L.C," "LLC.")		en
2	Louisiana 3.	721228646	
(,	urisdiction under the law of which foreign limited liability ompany is organized)	721228646 (FEI number, if applicable)	
4.	01/04/1993 5.	Perpetual  (Duration: Year limited liability company will cease to	
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Original filed as corporation under document #F0 (Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to	02000002665; tax structure changed da, if prior to registration.) determine penalty liability)	
7.	52410 Clark Rd		
	NAME	SE CO	
	White Castle, LA 70788  (Street Address of	Principal Office)	
	If limited liability company is a manager-managed co	<b>8</b> 2/	n = n
	Ross Campesi, Jr.	J OK	
	52410 Clark Rd.		
	White Castle, LA 70788		
the j trans	Attached is an original certificate of existence, no more than 90 days unisdiction under the law of which it is organized. (A photocopy is slation of the certificate under oath of the translator must be submitted.  Nature of business or purposes to be conducted or presented.	s not acceptable. If the certificate is in a foreign language, a ted.)	n
_		·	
	Ross Cambini &	· <b>.</b>	
	Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury	the execution of this document constitutes	
	Ross Can	npesi, Jr.	

Typed or printed name of signee

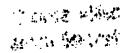
## **CERTIFICATE OF DESIGNATION OF** REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

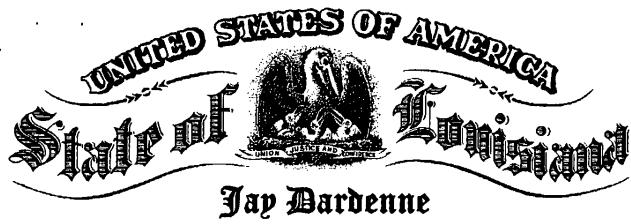
1. The name of the Limited Liability Company is:					
Maintenance Enterprises, L.L.C.					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida street address of the registered agent and office are:					
CT Corporation System					
(Name)					
1200 S Pine Island Rd.					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Plantation, Ftt 33324					
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 608, Florida Statutes.					
Stephanie Allison					

Styling aller

\$ 100.00 Filing Fee for Application Designation of Registered Agent \$ 25.00 \$ 30.00 **Certified Copy (optional)** Certificate of Status (optional) 5.00



Assistant Secretary



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

#### MAINTENANCE ENTERPRISES, L.L.C.

A limited liability company domiciled in WHITE CASTLE, LOUISIANA,

Filed charter and qualified to do business in this State on January 04, 1993,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 4, 2010



Certificate ID: 10049618#1NJ51

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov