# M22000018582

(Re	equestor's Name)			
(Ac	ldress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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S. FRANKLIN DEC 14 2022

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

# A & M Maintenance and Services, LLC Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to th	e following:	
Mariah Leewhenhe	uk	
	Name of Person	
A & M Maintenance	e and Services, LLC	
	Firm/Company	
2903 East 19th Str	reet	
	Address :∼;	
Lehigh Acres, FL 33972		
City/	State and Zip Code	
AM_services19@ya	•	
E-mail address: (to be us	ed for future annual report notification)	
for further information concerning this matter, please call:		
Mariah Leewhenheuk	907 978-0675	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR  \$\Boxed{\omega}\$\$ \$125.00 Filing Fee \(\begin{array}{c} \omega \text{S130.00 Filing Fee } \\ \end{array}\$\$ Certificate of S	□ \$155.00 Filing Fee & □ \$160,00 Filing Fee, Certificat	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

(Name of Foreign	ance and Services, LLC Limited Liability Company; must include "Lin	nited Liability Company." "L.I. C., " or "L.I.C."	)
		n Florida. The alternate name must include "Limited.	Liability Company," "L.L.C," or
State of Ala	ASKA hich foreign limited liability company is organized)	3. 10095296	nber, if applicable)
N 12/10/2	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605 0905, F.S. to det	( to registration )	incer, it applicance)
2903 East	19th Street	6. 2903 East 1	9th Street
Lehigh Acı	es,	Lehigh Acre	S, ?
FL 33972		FL 33972	~
Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	Mariah Leewher	nheuk	
Office Address:	2903 East 19th S	Street	
Lehigh Acres		3397	<b>'</b> 2
	(Cuv)	(Zip code)	

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agents

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:  ■ Manager  ■ Member  □ Authorized	Name and Address:  Name: Mariah Leewhenheuk  Address: 2903 East 19th Street  Lehigh Acres	Title or Capacity:  □Manager  ■Member  □Authorized	Name and Address:  Ashton Oehrig  Address: 2903 East 19th Street  Lehigh Acres	
Person	FL, 33972	Person	FL 33972	
□Other	Other	□Other	Other	
□Manager □Member	Name:	□Manager □Member	Name:	
□Authorized Person		□ Authorized  Person	£,	
□Other	Other	□Other		
□Manager □Member	Name:	□Manager □Member	Name:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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 is provided for in s.817,155, F.S.

Signature of an authorized person

Mariah Leewhenheuk

Typed or printed name of signee

Alaska Entity #10095296

# State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

# **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

# A & M Maintenance & Services, LLC

This entity was formed on November 28, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **November 22**, **2022**.

Julie Sande Commissioner