

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L24000302663**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000234839 3)))



H24000234839ABC2

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
A-PLUS MAINTENANCE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

2024 JUL 10 PM 4:52

CORPORATIONS  
COMMERCIAL  
SERVICESSECRETARY OF STATE  
TALLAHASSEE, FL

2024 JUL 10 PM 12:36

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "L.L.C.")*

A-Plus Maintenance LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

507 W PINE ST APT #2 LANTANA FL 33462

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Alexander Santos

507 West Pine st, APT 2, Lantana, 33462

**ARTICLE IV-**

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

ALEXANDER SANTOS (AMBR)

2024 JUL 10 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**Required Signatures:**

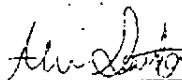
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

\_\_\_\_\_  
ALEXANDER SANTOS

**Typed or printed name of signee**

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)**

**FILED**  
2024 JUL 10 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FL