L05000104597

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



100060862911

10/31/05--01028--011 **160.00

FILED

2005 OCT 31 PM 1: 47

2005 OCT 31 PM 1: 47

2005 OCT 31 PM 1: 47

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bedrock Foundation Repair 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: (Name of Person)		
Bedrock Foundation Repair, LLC		
22602 Magnolia Trace Blvd.		
LVtz, Fl 33549 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Toy Sill at (813), 416-7788 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	*
The name of the Limited Liability Company is:	
Bedrock Foundation (Must end with the words "Limited Liability Company, "Limited	\mathcal{L}
ARTICLE II - Address: The mailing address and street address of the prin	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
22602 Magnolia Trace AND	Same Significant
	震 子 〇
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Innovative Home	e Investors, Inc.
13311 Winding	Oak Ct.
Tampa, F.	ress (P.O. Box <u>NOT</u> acceptable) and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stared agent as provided for in Chapter 608. F.S.

Registered Agent's Signature (REQUIRED)

IHI, Jrc.

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) **REQUIRED SIGNATURE:**

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

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true,)

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