

L07000100203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

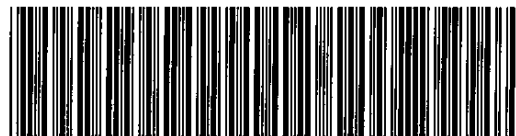
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200109866342

10/01/07--01008--024 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT - 1 PM 4:22

JB

# HIGLEY & SZABO, P.A.

Attorneys At Law

986 Douglas Avenue, Suite 102  
Altamonte Springs, Florida 32714  
www.higlaw.com

David A. Higley††  
Erik F. Szabo  
Jeffrey A. Carter

Telephone: (407) 389-7833  
Facsimile: (407) 389-7838

††Admitted Also in NY and DC

September 28, 2007

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

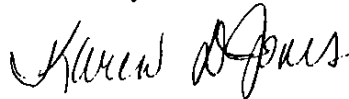
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT - 1 PM 4:22

Re: Eagle Waterproofing & Restoration, LLC

Dear Correspondent:

Enclosed please find Articles of Organization for Eagle Waterproofing & Restoration, LLC. Upon filing of the Articles please return a certified copy of same to our office in the enclosed, pre-addressed, stamped envelope. Also enclosed please find our check in the amount of \$125.00 for the fee charged for this service.

Sincerely,



Karen D. Jones  
Paralegal

Enclosure

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **EAGLE WATERPROOFING & RESTORATION, LLC.**

**ARTICLE II - ADDRESS**

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

**Principal Office Address:**

619 Vicks Landing Drive  
Apopka, FL 32712

**Mailing Address:**

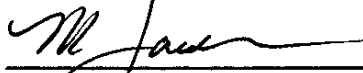
619 Vicks Landing Drive  
Apopka, FL 32712

**ARTICLE III - REGISTERED AGENT, REGISTERED  
OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Michael Jacobson, 619 Vicks Landing Drive, Apopka, FL 32712

*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.*

  
\_\_\_\_\_  
Michael Jacobson, Registered Agent

**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:**

Member

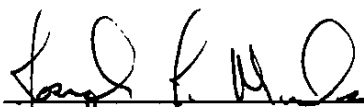
Michael Jacobson, 619 Vicks Landing Drive, Apopka, FL 32712

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT - 1 PM 4:22

Member Melanie Jacobson, 619 Vicks Landing Drive, Apopka, FL 32712

Member Joseph J. Mendes, 3884 10<sup>th</sup> Street, Micco, FL 32976

Member Kathleen M. Mendes, 3884 10<sup>th</sup> Street, Micco, FL 32976



Signature of Member or an authorized  
representative of a member

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Joseph J. Mendes

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT -1 PM 4:22