

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE ETTING SERVICE, INC.

Account Number: I2000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

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ĒLORIDA/FOREIGN LIMITED LIABILITY CO.

T A GENERAL HOME REPAIRS & SERVICES, LLC

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L. SELLERS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

T A General Home Repairs & Services, LLC

Must oud with the words " Limited Liability Company, " L.L.C., or LLC.")

ARTICLE II - ADDRESS:

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS 13891 SW 43 Tr Miami, Fl. 33175 MAILING ADDRESS 13891 SW 43 Tr Miami, Fl. 33175

ARTICLE III

THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS ORGANIZED IS:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Plorida registration)

The mame and the Florida street address of the registered agent are:		2008	
Marina I. Marenco	SEGRE TALLAH	JAN	4,000
Name	5≥		Carrest Carrest
1550 SW 1th Street Suite 13	ARY	9	62 8
Florida street address (P.O. Box NOT acceptable)		AM IO:	n
Miami, Florida 33135	LOS AT S	<u>ట</u>	
City, State, and Zip.	Ş ^m	38	•

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 certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete

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performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (Requiered)

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

MGR M

TAREK J AFCHA 13891 SW 43 Tr Miami, Fl. 33175

(Use attachment if necessary)

REQUIRED SIGNATURE:

SIGNATURE OR A NUMBER 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 potalities of parjury that the facts stated herein at true, }

TAREK J. AFCHA

Tyood or printed anne of signee

Filling Feest

\$ 125.00 Filling Fee for Articles of Organization and Deignation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate od Status (Optional)

2008 JAN 16 AMIO: 38
SECRETARY OF STATE
TALL ANASSEE FLORIDA

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