(Req	uestor's Name)	
,		
(Addi	ress)	
(Address)		
(City/	State/Zip/Phon	e #)
	_	_
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
	•	
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
A		,
A. LUNT		
FEB <b>23</b> 2009		
EXAMINED		

Office Use Only



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## **COVER LETTER**

_	ation Section  n of Corporations
SUBJECT:	Mercury Renovations & Home Repair L.L.C. (Name of Limited Liability Company)
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Gordon U. Garrison (Name of Person)
	(Name of Person)
<del></del>	(Firm/Company)
	211 Clark St Address)  (Address)  (Address)  (Address)  (Address)
	211 Clark St HE B CAddress) SSE 28
	Enterprise FL 32725 The Price FL
	Enterprise FL 32725 PORT TO THE PROPERTY OF TH
For further inform	mation concerning this matter, please call:
<u>We</u>	S Garrison at (407) 687-9449 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a cl	neck for the following amount:
\$125.00 Filing	Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Mercury Repovetions (Must end with the words "Limited Liability	B Home Repair LLC. ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
211 Clark St Enterprise Fl 32725	211 Clark St Enterprise F1, 32725
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Gordon W. Name	Garrison Francisco B D
Name	
211 Clark	St \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	ress (P.O. Box NOT acceptable)
Enterprise City, State, a	FL 32725 nd Zip

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Cordon W Garrison 211 Clark st Enterprise Fl, 32725
### <u> </u>	Z009 FE
<del></del>	EB 20 PH
(Use attachment if necessary)	FLORIDA FLORIDA
	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

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

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

Typed or printed name of signee