## L2000049617

(Requestor's	S Name)
(Address)	
(Address)	
(City/State/Z	Cip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only

**119 2020** 

T. SCOTT



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## **COVER LETTER**

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ed for filing.
e following:
of Person
,, , , , , , , , , , , , , , , , , , , ,
Company
dress
and Zip Code
ily 2020 earnail com
ode HIS 7957  Daytime Telephone Number
i.00 Filing Fee & S160.00 Filing Fee, fied Copy onal copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)

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 1 - Name: The name of the Limited Liability Company is:	
Seven Two Home Improvement LLC (Must end with the words "Limited I	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1015 Atlantic Blvd 448 Atlantic Beach, FL 32233	1015 Atlantic Blvd 448 Atlantic Beach, FL 32233
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered as	tegistered Agent. You must designate an individual or
Jeremy Brooker	
Name	
1015 Atlantic Blvd 448 Florida street address (P.O. Box 1	NOT acceptable)
Atlantic Beach	FL 32233
City	Zip
the place designated in this certificate. I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this I all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page Lof 2

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jeremy Brooker
	1015 Atlantic Blvd 448 Atlantic Beach, FL 32233
MGR	Raymiel Hill 1015 Atlantic 448
	Atlantic Beach, FL 32233
<del></del>	
	-
(Use attachment if necessary)	
EV: Effective date, if other than the date rective date is listed, the date must be spe	of filing:
.E V: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date fective date is listed, the date must be spoof filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date rective date is listed, the date must be spend filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date fective date is listed, the date must be spend of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a pre (In accordance with section to constitutes an affirmation under I am aware that any false infortions.)	ecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date fective date is listed, the date must be spend of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a precious of the section of the constitutes an affirmation under the lam aware that any false information constitutes a third degree felon	mber of an authorized representative of a member, 5.0203 (1) (b). Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

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

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)