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SECRETARY OF STATE

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B. BOSTICK
SEP 0 6 2013
EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

Saul Holguin Screen 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:

Saul Ho	olguin, Jr.					
 		Name of Person				
Saul Ho	olguin Screen	Repair,	LLC			_
		Firm/Company				
1948 Pi	ine Drive S.					
		Address			· •••	
Fort My	ers, FL 33907	7			-1 2	
	Cit	y/State and Zip Co	ode		ALC SEC	
				<u>-</u>	ECRE 13 SEP	
For further information	E-mail address: (to be used for concerning this matter, please		sport nouncation)		ASSEE	7
Saul Holgu	ıin	_{at} 361	230-98	329	PH Z: 43	· · · · · ·
Name	of Person	Area Co	ode & Daytime Teler	shone Number	चुने र	5
Enclosed is a check for	or the following amount:	•				
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fi Certified ((additional c	-	Certified C	of Status &	

Mailing Address

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

Street/Courier Address

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	y is:	
Saul Holguin Screen Repair, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street address of th	he principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
1948 Pine Drive S.	1948 Pine Drive S.	
Fort Myers, FL 33907	Fort Myers, FL 33907	
1948 Pine Drive S. Florida stre Fort Myers	the registered agent are: Name Name Pet address (P.O. Box NOT acceptable) FL 33907 ity, State, and Zip	
liability company at the place designated registered agent and agree to act in this coall statutes relating to the proper and contained accept the obligations of my position.	nd to accept service of process for the above stated of in this certificate, I hereby accept the appointme trapacity. I further agree to comply with the provision mplete performance of my duties, and I am familiate as registered agent as provided for in Chapter 60% of the control of the con	limited nt as ions of r with

(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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Saul Holguin, Jr.
	1948 Pine Drive S.
	Fort Myers, FL 33907
(Use attachment if necessary)	
CLE V: Effective date, if other than t effective date is listed, the date mu	he date of filing: (OPTIONAl st be specific and cannot be more than five business
CLE V: Effective date, if other than t effective date is listed, the date mu	ust be specific and cannot be more than five business)
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CLE V: Effective date, if other than the effective date is listed, the date must on or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mem	Jacober of an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must on or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ust be specific and cannot be more than five business \$ECRETARY O FALLAHASSEE
CLE V: Effective date, if other than the effective date is listed, the date must on or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	TALLARE SEP -5 PM 25 SEP -5 PM
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)