

5245 Dartmouth Ave. N.  
St. Petersburg, FL 33710

March 28, 2001

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

L010000005835

To Whom It May Concern:

Please contact me at 727-481-7938 or the address stated above.

Dale Moffat

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 4, 2001

DALE MOFFAT  
5245 DARTMOUTH AVE N  
ST PETERSBURG, FL 33710

SUBJECT: NEW IDEA HOME IMPROVEMENT LLC  
Ref. Number: W01000007579

We have received your document for NEW IDEA HOME IMPROVEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 201A00020068

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

New Idea Home Improvement LLC

## ARTICLE II - Address:

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

5245 Dartmouth Ave. N.  
St. Petersburg, FL 33710

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Dale Moffat  
Name  
5245 Dartmouth Ave. N.  
Florida street address (P.O. Box NOT acceptable)  
St Petersburg, FL 33710  
City, State, and 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.*

Dale Moffat  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Dale Moffat  
Signature of a 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.)

Dale Moffat  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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