

L0100000018769

October 25, 2001

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

100004657551--9  
-10/29/01--01075--006  
\*\*\*\*125.00 \*\*\*\*125.00

Dear Sir:

In case you have to contact me for any clarifications, the following is submitted

William Normington  
2879 Bridlewood Dr.  
Palm Harbor, FL 34683  
P: 727-773-9507  
F: 727-772-0204  
E: rynolc@tampabay.rr.com

FILED  
01 OCT 29 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Thank You )

  
William Normington

L01-18769  
OK

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FOX-NORMINGTON RENOVATIONS, LLC

## ARTICLE II - Address:

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

5648 FIELDSPRING AVE.

NEW PORT RICHEY, FL 34655

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

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

MICHELE D. FOX

Name

5648 FIELDSPRING AVE

Florida street address (P.O. Box **NOT** acceptable)

NEW PORT RICHEY FL 34655

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.*

Michele D. Fox

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.)

WM. M. NORMINGTON  
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.)

WM. M. NORMINGTON

Typed or printed name of signer

### 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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