



L02000014642

ACCOUNT NO. : 072100000032

REFERENCE : 595818 112417A

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 125.00

FILED
02 JUN 12 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 24, 2002

ORDER TIME : 10:24 AM

ORDER NO. : 595818-005

CUSTOMER NO: 112417A

7000005763217--9

CUSTOMER: Mr. Peter Vanson
Cpa Financial Services

Suite 210
25 2nd Street
Saint Petersburg, FL 33701

BK

DOMESTIC FILING

NAME: HERITAGE HOME REMODELING, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

RECEIVED
02 JUN 12 AM 11:36
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HERITAGE HOME REMODELING, LLC

ARTICLE II - Address:

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

25 SECOND STREET, SUITE 210, ST. PETERSBURG, FL 33701

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

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

DOUG BEAIRSTO

Name

25 SECOND STREET, SUITE 210

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

ST. PETERSBURG FL 33701

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.

DOUG BEAIRSTO

BY: *Doug Beairsto*

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)

Deborah D. Skipper

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.)

DEBORAH D. SKIPPER

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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JUN 12 PM 1:36
CLERK OF STATE
TALLAHASSEE, FLORIDA