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2003 JUN 16 AM 2:14  
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W03-15811  
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# True Restoration LLC

Edward Shaland

22136 Palms Way #103  
Boca Raton, FL 33433

Work Phone #: 561-367-0703 X 224  
Home Phone#: 561-750-6234

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 3, 2003

EDWARD SHALAND  
TRUE RESTORATION L.L.C.  
22136 PALMS WAY #103  
BOCA RATON, FL 33433

SUBJECT: TRUE RESTORATION L.L.C.  
Ref. Number: W03000015811

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We have received your document for TRUE RESTORATION L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 403A00034775

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

True Restoration LLC

**ARTICLE II - Address:**

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

22136 Palms Way #103

Boca Raton, FL 33433

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

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

Edward Shaland  
 \_\_\_\_\_  
 Name  
 22136 Palms Way #103  
 \_\_\_\_\_  
 Florida street address (P.O. Box **NOT** acceptable)  
 Boca Raton, FL 33433  
 \_\_\_\_\_  
 City, State, and Zip

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*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..*

*Edward Shaland*  
 \_\_\_\_\_  
 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)

*Edward Shaland*  
 \_\_\_\_\_  
 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.)

Edward Shaland  
 \_\_\_\_\_  
 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)