

L03000021755

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TALLAHASSEE, FLORIDA

W03-15811
J. BRYAN JUN - 3 2003

J. BRYAN JUN 16 2003

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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CORPORATIONS
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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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TALLAHASSEE, FLORIDA

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)