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## TRANSMITTAL LETTER

FILED 03 NOV 17 PM 5: 14

TO: Registration Section

Division of Corporations

CALLAHASSEE, FLORIDA

SUBJECT: The Finishing Touch Home Improvements by Paul Shaeffer, LLC (Name of Limited Liability Conipany)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Shaeffer (Name of Person)	
The Finishing Touch Home Improvements b	y Paul Shaeffer, LLC
543 Purce Il Drive	
Jacksonville, FL 32221 (City/State and Zip Code)	

For further information concerning this matter, please call:

| Paul Shaeffer | at (904) 553-5387 or (Area Code & Daytime Telephone Number) | 904 781-7553

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 03 NOV 17 PH 5: 14

ARTICLE I - Name:	C) LUMBA
The name of the Limited Liability Company is:	
The Finishing Touch Home Improvem	ents by Paul Shaeffer, LLC
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
543 Purcell Drive	543 Purcell Drive
Jacksonville FL 32221	Jacksonville FL 32221
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registe	
Paul Shaeffer Name	
543 Furge   Drive Florida street address (P.O. Box)	
Jacksonville, F City, State, and Zip	FLORIDA 3222

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

FILED

ARTICLE IV- Manager(s) or Manager The name and address of each Manager		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	LALLAHASSEE, FLORIDA
mgr	Paul Shaeffer 543 Purcell Drive Jacksonville, FL 32:	22]
(Use attachment if necessary)		-
NOTE: An additional article must be	added if an effective date is	requested.
REQUIRED SIGNATURE:	a	
Tare She	ef	<u> </u>
Signature of a member or an a	uthorized representative of a mer	nber.
(In accordance with section 608, of this document constitutes an a that the facts stated herein are tro	408(3), Florida Statutes, the execut iffirmation under the penalties of pose.)	ion zrjury -
Paul Shaef Typed or pri	fer nted 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)