L03000047295

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



700024515197

11/25/03--01001 -010 **160.00

O3 NOV 24 PM 4: 25



TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: KETTH VARIAN HOME IMPROVEMENT (Name of Limited Liability Company) | _ |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| (Name of Person) | |
| KETH VARIAN HOME IMPROVEMENT (Firm/Company) | |
| /327 TACKSON BLUFF RD #301 (Address) | |
| THUA HASSEE PL 32304 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| (Name of Person) at (\$50) 443-8500 (Area Code & Daytime Telephone Number) | _ |
| 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

| AR | TI | CI | F | T | - N | am | p. |
|----|----|----|----|---|------|----|----|
| | | | -1 | 1 | - 17 | аш | u, |

The name of the Limited Liability Company is:

KETTH VARIAN HOME IMPROVEMENT LLC

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|----------------------------|
| 1327 JACKSON BLUFFRA | 1327 THUKSON BLOFF RA #301 |
| #30) | TALLAHASSEE PL |
| TALLANDSSÉE FL, 3230Y | 32304 |

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

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

| KETTH VARION |
|--|
| Name |
| 1327 TREKSIN BLUFF RD #30/ |
| Florida street address (P.O. Box NOT acceptable) |
| TALLAMASSEE FL 32304 |
| 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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|--|----------|
| MGRM | KETH VARIAN 1327 TACK SON BLUFF RD #301 TALLAHRSSEE, DL. 32304 | - |
| · | | |
| · | O3 SEP | SECRET |
| | 21 PH | ARY OF S |
| | | TATE |
| (Use attachment if necessary) | | |
| NOTE: An additional article must be | added if an effective date is requested. | |

REQUIRED SIGNATURE:

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.)

KEITH VARINA

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)