

# L03000050496

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

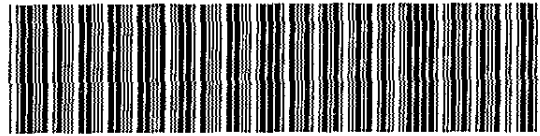
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name Availability	
Document Examiner	DCC
Updater	Office Use Only
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC



900025075819

12/01/03--01005--011 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 26 PM 4: 54

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HART HOME REPAIRS OF BRONSON, LLC  
(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:

PAMELA S HART  
(Name of Person)

HART HOME REPAIRS OF BRONSON, LLC  
(Firm/Company)

11351 NE 93RD TERRACE  
(Address)

BRONSON, FL 32621  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA S HART at ( 352 ) 317-3550  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 26 PM 4:54

**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HART HOME REPAIRS OF BRONSON, 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:**

11351 NE 93RD TERRACE

11351 NE 93RD TERRACE

BRONSON, FL 32621

BRONSON, FL 32621

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

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

PAMELA S. HART

Name

11351 NE 93RD TERRACE

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


BRONSON, FLORIDA 32621

City, State, and Zip

03 NOV 26 PM 4:54

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

PAMELA S. HART

1135 NE 93RD TERRACE

BRONSON, FL 32621

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

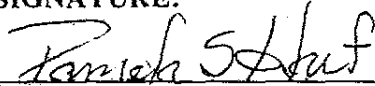
\_\_\_\_\_

(Use attachment if necessary)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 26 PM 4:54

**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.)

PAMELA S. HART

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)