

U03000053871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

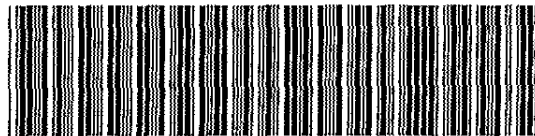
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03 DEC -9 PM 12:03
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES CARR HOME REPAIRS, 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:

JAMES CARR

(Name of Person)

JAMES CARR HOME REPAIRS, LLC.

(Firm/Company)

188 SCOTTSDALE SQUARE

(Address)

WINTER PARK, FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES CARR

(Name of Person)

at (407) 673-0889

(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

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES CARR HOME REPAIRS, LLC.

ARTICLE II - Address:

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

Principal Office Address:

188 SCOTTSDALE SQUARE

WINTER PARK

FL 32792

Mailing Address:

188 SCOTTSDALE SQUARE

WINTER PARK

FL 32792

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

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

JAMES CARR

Name

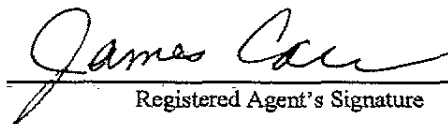
188 SCOTTSDALE SQUARE

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

WINTER PARK, FLORIDA 32792

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, Florida Statutes..


Registered Agent's Signature

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03 DEC -9 PM 12:03
TALLAHASSEE, FLORIDA

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

Name and Address:

"MGRM" = Managing Member

James Carr

188 Scottsdale Square
Winter Park, FL 3279

NOTE: An additional article must be added if an effective date is requested.

James Caw
for member or an authorized representative

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.)

James Carr

Typed or printed name of signee

\$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)