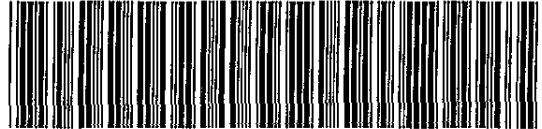


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800025677508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

03 DEC 24 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: BENNY'S HOME REPAIR, LLC
(Name of Limited Liability Company)

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

HAYNES E BRINSON, ESQUIRE
(Name of Person)

BRINSON, SMITH & SMITH, P.A.
(Firm/Company)

1201 WEST EMMETT STREET
(Address)

KISSIMMEE, FLORIDA 34741
(City, State and Zip Code)

For further information concerning this matter, please call:

HAYNES E BRINSON at (407)847-5127
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 East 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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is: BENNY'S HOME REPAIR, 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:

1231 PERCH DRIVE

1231 PERCH DRIVE

ST. CLOUD FLORIDA 34771

ST. CLOUD FLORIDA 34771

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

The name and the Florida street address of the Registered Agent are:

HAYNES E BRINSON

Name

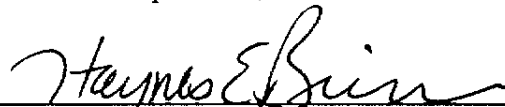
1201 WEST EMMETT STREET

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

KISSIMMEE, FLORIDA 34744

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

ARTICLE IV – Managing Member:

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

BENNY COFFEY

1231 PERCH DRIVE

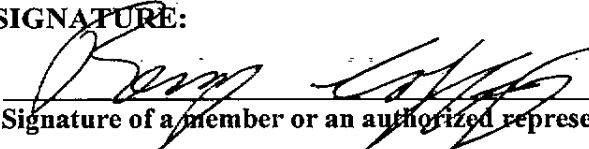
ST. CLOUD, FLORIDA 34771

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

BENNY COFFEY

Typed or Printed Name of Signee