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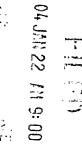
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Veach Remodeling, 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:			
Kevin Veach			
(Name of Person)			
Veach Remodeling, LLC			
805 NW 19th Ave.			
()			
Gainesville, FL 32609			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Keuin Veach at (352), 374 6795  (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Veach Remodelin	g,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:
805 NW 19th Ave Bainesville, FL	805 NW 19th Ave
Bainesuille, FL	Gamesuille FL
32609	32609
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the register  Kevin Veach  Name  - 805 NV  Florida street address (P.O. Box  Gainesuille  City, State, and Zij	wered agent are:  122 T 1 22 T

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)

The name and address of each Manag	er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR MGRM	Kevin Veach 805 NW 194 Ave 691051116 Ft 32609
·	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE: Kevr	in Veach
Signature of a member or a	n authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein ar	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury et uue.)
Kevin Typed o	Veach r printed name of signee
Filing Fees:	

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

✓ \$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)