## L0400016422

(Requestor's Name)		
(Address)		
(Address)		
•		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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02/20/04--01041--007 \*\*125.00



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: STeve Oliver Home Improvement 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:
Please return all correspondence concerning this matter to the following:  Stephen M. Oliver (Name of Person)
Steve Oliver Home Improvement Steve (Firm/Company)
811 18th Aue. West
(Address)
Palmetto Florida 34221-4353 (City/State and Zip Code)
For further information concerning this matter, please call:
STephen Oliver at (941) 713-2089 (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:  Steve Oliver Home Impro ARTICLE II - Address: The mailing address and street address of the principal	OA W
Principal Office Address:	Mailing Address:
811 18th Avenue West	811 18th Avenue West
Palmetto, Florida 34221	Palmetto, Florida 34221-435
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
Stephen M. Oliv	<u>er</u>
Florida street address (P.O. Box N	
Palmetto F City, State, and Zip	LORIDA 34221-4353

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)

	2/4 20/2 My My
ARTICLE IV- Manager(s) or Managir The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>mgrm</u>	STephen M. Oliver MGRM 811 18th Ave. West Palmetto Florida 34221-4353
<u>merm</u>	FRANKIE A RINUS MGRM 2117/2 11 15 STreet West Bradenton, Florida, 34405
<u></u>	
(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 au	Olive  Ithorized representative of a member.
(In accordance with section 608.	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury
STephen M Typed or pri	. Oliver

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)