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Certified Copies	Certificate	s of Status	<b></b> .
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Special Instructions to	Filing Officer:		
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LIVISION OF CORPORATION

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: John RITCH HOME BEPAIR SERVICE (Name of Limited Liability Company)	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John RITch (Name of Person)	04 H
Vohn AITCH HOWE REPAIR SERVIC LLC (Firm/Company)	-5. PM
4750 VESSIE WAY (Address)	ું 3: 1:5
AUBURIV DALE FLORIDA 33823 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Ohn BITCH at (863) 551-9091 (Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE II - Address:	
The mailing address and street address of the principal of	office of the Limited Liability Company is:
• •	
Principal Office Address:	Mailing Address:
Vohn BITCH	John RITCH
4750 VESSIE WAY	4750 UESSIE WAY =
AUBURNDALE FL. 33823	AURURNDALE FLIETSERZ
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered	d agent are:
John Bitch	3: 15 3: 15
Name	<b>ர</b> கூ
4750 VESSIE W Florida street address (P.O. Box NO	
AUBURN DALE FL City, State, and Zip	33823

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, F.S..

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGB	VOHA BITCH 4750 VESSIE WAY AUBURNDRUE FL. 33873
	04 MAR -5
	35
/Lice attachment if necessary	
(Use attachment if necessary)  NOTE: An additional article must t	oe added if an effective date is requested.
•	oe added if an effective date is requested.

(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.)

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)