

L04000023984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

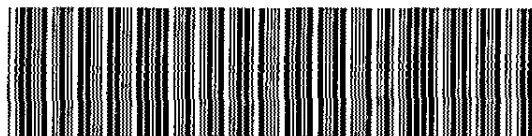
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 30 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 MAR 30 11:25

STATE
REGISTRARS
TALLAHASSEE, FLORIDA

h3k

Capitol Services, Inc.

2750 Old St. Augustine Rd., N-145

Tallahassee, FL 32301

(850) 878-4734
Kathi or Brent

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DeSoto Appliance & Repair, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 3/30/04 ☐ Certified Copy
- ☐ Mail Out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
DESOTO APPLIANCE & REPAIR, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be **DESOTO APPLIANCE & REPAIR, L.L.C.** ("company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the company is **P.O. Box 281, Arcadia, Florida 34265 and 8 West Oak Street, Arcadia Florida 34266.**

ARTICLE III -- DURATION

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the regulations.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is **Michael S. Longenecker, 901 W. Waldron Street, Arcadia, Florida 34266.**

ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of such managers who are to serve as managers are:

Michael S. Longenecker
901 W. Waldron St.
Arcadia, Florida 34266

Leora D. Green
P.O. Box 281
Arcadia, Florida 34265

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Arcadia, Florida, on March 25, 2004.


MICHAEL S. LONGENECKER, Manager

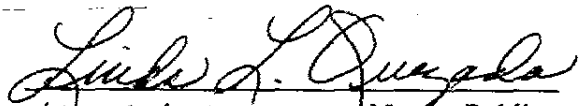

LEORA D. GREEN, Manager

STATE OF FLORIDA:
COUNTY OF DESOTO:

The foregoing instrument was acknowledged before me this 25th day of March, 2004, by **MICHAEL S. LONGENECKER** who is personally known to me or who produced _____ as identification.



Linda L. Quezada
MY COMMISSION # DD144526 EXPIRES
November 30, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

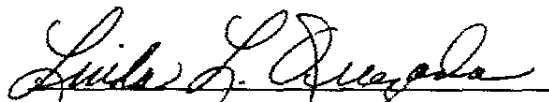

LINDA L. QUEZADA, Notary Public
State of Florida at Large
My Commission No. _____
My Commission Expires: _____

STATE OF FLORIDA:
COUNTY OF DESOTO:

The foregoing instrument was acknowledged before me this 25th day of March, 2004, by **LEORA D. GREEN**, who is personally known to me or who produced _____ as identification.



Linda L. Quezada
MY COMMISSION # DD144526 EXPIRES
November 30, 2006
BONDED THRU TROY FAIR INSURANCE, INC.


LINDA L. QUEZADA, Notary Public
State of Florida at Large
My Commission No. _____
My Commission Expires: _____

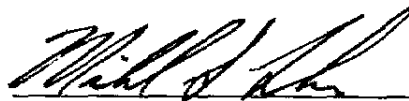
**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

Under the provisions of F.S. 608.414 or 608.507, **DESOTO APPLIANCE & REPAIR, L.L.C.**, submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the limited liability company is **DESOTO APPLIANCE & REPAIR, L.L.C.**
2. The name and street address of the registered agent in Florida is:

Michael S. Longenecker
901 W. Waldron Street
Arcadia, Florida 34266

The undersigned, being the person named in the Articles of Organization of **DESOTO APPLIANCE & REPAIR, L. L. C.**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position of registered agent.



Michael S. Longenecker
Registered Agent