

L04000032700

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(City/State/Zip/Phone #)

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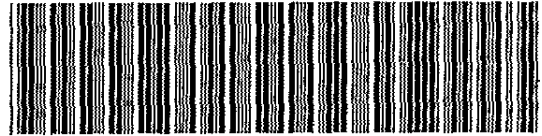
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W. P. Verifier DCC



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Submit

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Building and Remodeling
(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:

Jacob B Joyner
(Name of Person)

Innovative Building and Remodeling
(Firm/Company)

2220 S. Kissinger Ave
(Address)

Bartow, FL 33830
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacob B Joyner at (863) 534-1612
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 21, 2004

JACOB B JOYNER
INNOVATIVE BUILDING AND REMODELING
2220 S. KISSINGEN AVE
BARTOW, FL 33830

SUBJECT: INNOVATIVE BUILDING AND REMODELING
Ref. Number: W04000015293

We have received your document for INNOVATIVE BUILDING AND REMODELING and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 404A00026183

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Innovative Building and Remodeling L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2220 S. Kissingen Ave
Bartow, FL 33830

Mailing Address:

2220 S. Kissingen Ave
Bartow, FL 33830

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

The name and the Florida street address of the registered agent are:

Jacob B Joyner
Name

2220 S. Kissingen Ave
Florida street address (P.O. Box **NOT** acceptable)

Bartow FLORIDA 33830
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..

Jacob B Joyner
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jacob B Joyner
2220 S. Kissington Ave
Bartow, FL 33830

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Jacob B Joyner

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.)

Jacob B Joyner

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)

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