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DIVISION OF U.M. CRAHON

TRANSMITTAL LETTER

Registration Section
Division of Corporations

Tallahassee, Florida 32399

TO:

SUBJECT: Parker's R (Name of	epair and Renovation f Limited Liability Company)
The enclosed Articles of Organization and fee(s) Please return all correspondence concerning this	_
Michael Glenn Parker (Name of Person)	
PRR (Firm/Company)	
2031 Shedy OAK dr	
Tell FIA 32303 (City/State and Zip Cod	e)
For further information concerning this matter, p	lease call:
Mike Parker (Name of Person)	at (<u>850</u>) <u>567 - 8088</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	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 Compa	any is:		
Parker's	Repair and	Renovations	LLC
ARTICLE II - Address: The mailing address and street address of	f the principal office of the	e Limited Liability Comp	oany is:
Principal Office Address:	Mailing A	Address:	
2031 Shady OAKS dr Tall FIA 32303	<u>203/</u> Tail	Shedy OAK'S FIA 32303	dr
ARTICLE III - Registered Agent, Reg			TALLAHD SEET
The name and the Florida street address of the Sheet address of the Shee	Name Name Negistered agent are: Name Name Name Name Name Name Name Name Name	<u> </u>	SEES, FLOKIST
Tall FIA	FL $\frac{3}{2}$ Z 30, State, and Zip		
Having been named as registered agent of liability company at the place designated registered agent and agree to act in this company.	d in this certificate, I hereby	v accept the appointment	as

Registered Agent's Signature

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager -"MGRM" = Managing Member

(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 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.)

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)