

W4000060452

00789-02595-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

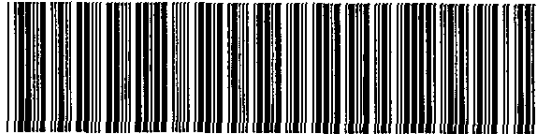
Special Instructions to Filing Officer:

8/12

FLIC

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MJH

FILED

04 AUG 12 AM 10:26

STATE OF FLORIDA
TALLAHASSEE

Daniel Sheehan GAVE
AUTHORIZATION BY PHONE TO
CORRECT Gold Suffix (LLC)
DATE 8/16/04
DOC. EXAM 1225

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHEAST BUILDING + 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:

DANIEL SHEETAN
(Name of Person)

NORTHEAST BUILDING + REMODELING
(Firm/Company)

3339 SW BICOPA PLACE
(Address)

PAIM CITY FL 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL SHEETAN at (772) 342-5791
(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:

NORTHEAST BUILDING + REMODELING LLC

ARTICLE II - Address:

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

Principal Office Address:

3339 SW BICOPA place
PAIM CITY, FL 34990

Mailing Address:

SAME.

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

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

Daniel Sheehan
Name
3339 SW BICOPA place
Florida street address (P.O. Box NOT acceptable)
PAIM CITY FLORIDA 34990
City, State, and Zip

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TALLAHASSEE, FLORIDA

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

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

MGRM

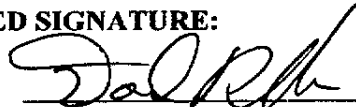
Name and Address:

Daniel Sheehan

(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.)

Daniel Sheehan

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)