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OH SEP 22 PH 2: 13

TRANSMITTAL LETTER

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 850-487-6051

SUBJECT: THOMAS AND TRACY ACCARIO QUALITY HOME REPAIR, LLC.

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

FROM: THOMAS ACCARIO 686 CARNIVAL TERRACE SEBASTIAN, FLORIDA 32958 772-664-6884

OH SEP 22 PM 2: 13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company shall be: THOMAS AND TRACY ACCARIO QUALITY HOME REPAIR, LLC.

ARTICLE II-Address:

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

686 CARNIVAL TERRACE, SEBASTIAN, FLORIDA 32958

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

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

THOMAS ACCARIO 686 CARNIVAL TERRACE SEBASTIAN, FLORIDA 32958

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..

ARTICLE IV- Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one or more managers and is manager-managed company.

(An additional afficle must be added if an effective date is requested)

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)



DISCLOSURE

It is a requirement of law that Kimberly A. Temple tell me that she is not an attorney and that she may not give me legal advice or represent me in court. She told me that she may help me prepare documents approved by the Florida Supreme Court of Florida and that she cannot tell me what my rights or remedies are or how to testify in court.

Kimberly A. Temple may help me by asking me questions to prepare these documents and may also tell me how to file the documents with the court.

DISCLAIMER

Kimberly A. Temple disclaims all liability for damages in carrying out services as requested by the client, and the Client, having been so informed, in further consideration of her willingness to provide such services, hereby releases, discharges, and acquits her, and her employees and agents, from any and all claims, actions, suits, or liabilities that may arise as a result of or in connection with the performance of the services not resulting directly and wholly from the negligence of Kimberly A. Temple, her agents or employees.

I understand that I am making the decisions that will be incorporated into the legal documents I am requesting and that I have made this choice freely and voluntarily.

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ERBASTUR PC 327	58		
CITY STATE ZIP	(5)		
TELEPHONE NO. 772-	-664-6889		
Kimbelsler a.	Sensle		
KIMBERLY A. TEMPLE	7		
1420 20TH STR EE T			
VERO BEACH, FLORIDA 32960	0		
(772) 778-0021	•		

** PLEASE NOTE: Notary services are provided as a courtesy at no charge. You must provide a government issued photo ID and a witness, when necessary, or you may have your documents notarized at the place of your choosing.