

L04000079364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

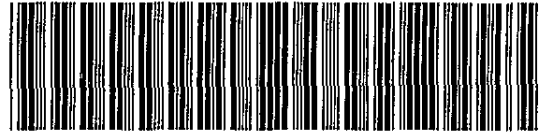
(Document Number)

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W04-33395 614

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08/30/04--01042--009 \*\*125.00

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FBI



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 2, 2004

THOMAS A. HOLDEN  
1040 DEER SPRING DR.  
JACKSONVILLE, FL 32221

SUBJECT: BUILDING RESTORATION SERVICES LLC  
Ref. Number: W04000033395

We have received your document for BUILDING RESTORATION SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 004A00053414

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DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Building Restoration Services LLC  
(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:

Thomas A. Holden  
(Name of Person)

Building Restoration Services LLC  
(Firm/Company)

1040 Deer Spring Dr.  
(Address)

Jacksonville, FL. 32221  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas A. Holden at ( 904 ) 378-1632  
(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

04 OCT 29 PM 1:48

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Building Restoration Services LLC  
(Name of Limited Liability Company)

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Please return all correspondence concerning this matter to the following:

Thomas A. Holden  
(Name of Person)

Building Restoration Services LLC  
(Firm/Company)

1040 Deer Spring Drive  
(Address)

Jacksonville FL 32221  
(City/State and Zip Code)

For further information concerning this matter, please call:

Missy Hubel at (904) 389-7111  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: - Check was already sent

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|---|--|--|

**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

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RECEIVED  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Building Restoration Services LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1040 Deerspring Drive  
Jacksonville FL 32221

SAME

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

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

Thomas A. Holden

Name

1040 Deer Spring Drive

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32221

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, F.S.*

x Thomas A. Holden

Registered Agent's Signature

NOTED  
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(CONTINUED)

**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

Thomas A Holden  
1040 Deer Spring Drive  
Jacksonville, FL 32221

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

x Thomas A. Holden  
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.)

Thomas A Holden  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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STATE OF FLORIDA  
DIVISION OF CORPORATE FILINGS