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WILLIAM CESSAGE SECRETARY CESS

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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Roger's Home 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: |
| Roger Cuevas (Name of Person) |
| (Name of Person) |
| Roger's Homa Remodeling & Repaire |
| (Firm/Company) |
| 414 AUE K |
| (Address) |
| Moore Haven, FL. 33471 [5] 3 (City/State and Zip Code) For further information concerning this matter, please call: |
| (City/State and Zip Code) |
| |
| Roger Cvevas at 863, 517-0722 w |
| (Name of Person) (Area Code & Daytime Telephone Number) ω |

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

October 22, 2004

ROGER CUEVAS ROGER'S HOME REMODELING & REPAIRS 414 AVE K MOORE HAVEN, FL 33471

SUBJECT: ROGER'S HOME REMODELING

Ref. Number: W04000038874

We have received your document for ROGER'S HOME REMODELING and your check(s) totaling \$125.00. 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.C." or "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.

Letter Number: 804A00060854

Diane Cushing Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ing LLC. |
|-----------------------------------|
| |
| the Limited Liability Company is: |
| |
| <u> Address:</u> |
| ame |
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| ZIDON SECU |
| ## \$ ## !! |
| stered Agent's Signature: |
| re: |
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| ble) |
| 33471 |
| |

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

Page 1 of 2 (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 | |
| MGR | Roger Cuevas 414 Ave K Moore Haven FL 3347 |
| ····· | |
| | |
| | SECRETAL NOV |
| (Use attachment if necessary) | SEE, FLORID |
| NOTE: An additional article must be a | added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| Kon-Ce | elvas |
| Signature of a member or an au | thorized representative of a member. |
| (In accordance with section 608.4 of this document constitutes an aft that the facts stated herein are true | 108(3), Florida Statutes, the execution Tirmation under the penalties of perjury e.) |
| Roger Co | DEVAS |
| Typed or prin | ited 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)