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(Requestor's Name)	_		
(Address)			
(Address)			
(City/State/Zip/Phone #)	—		
PICK-UP WAIT MAIL			
(Business Entity Name)	—		
, , ,			
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(Southern values)			
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SECRETARIL OF STATE ATLLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
	Darady (H	ome ref	xir), L.1
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Michael Bo	Qrady Name of Person)		
Michael Barady	Firm/Company)	Repair	
216 N. 6th 5	(Address)		2004 JAN SECRETA
Palatka,	11, 32177 State and Zip Code)	}	SSEE, FLOR
For further information concerning this matter, please	call:		SS RIDA
Michael Barady (Name of Person)	at (386) 328- (Area Code & Daytime Te	2102	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &

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: Michael Barady (Home Repair), L. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
216 N. 6th St. Palatka, 71 32177	216 N. 6th St. Palatka, 71. 32177			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
Park A City, State, an Having been named as registered agent and to ac liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	Standard Sees (P.O. Box NOT acceptable) FL 32177 d Zip Except service of process for the above stated limited is certificate, I hereby accept the appointment as of I further agree to comply with the provisions of tell formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)