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005 JAN 13 PM 2:

## TRANSMITTAL LETTER

TO: Registration S Division of C	Section orporations		
SUBJECT:	Davis Davis Mino	or Home Repairs, LLC	
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		es C. Davis Sr.	
	(	Name of Person)	
	Davis Davis N	Vinor Home Repairs, LLC	
		Firm/Company)	
	610.1	-lemlock Lane	
<del> </del>	0101	(Address)	
	Lakelan	d, FL. 33810-2810	
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
James C. Davis, Sr.         at ( 863 ) 559-9146           (Name of Person)         (Area Code & Daytime 7)		elephone Number)	
Enclosed is a check f	or the following amount:		ZOO! TALI
<b>J</b> \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Z \$160.00 Filing Fee, Certificate of Seins & Certified Copy & Cadditional 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	· :			
Davis Davis Minor Home Repairs, LLC				
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
610 Hemlock Lane, Lakeland, FL 33810	610 Hemlock Lane, Lakeland, FL 33810			
ARTICLE III - Registered Agent, Registere  The name and the Florida street address of the  James C. Davi	registered agent are:			
Name				
610 Hemlock Florida street ad	dress (P.O. Box NOT acceptable)			
Lakeland City, State,	, <sub>FL</sub> 33810-2810			
liability company at the place designated in registered agent and agree to act in this capaci	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 60% F.S.:  Signature			

(CONTINUED)

# 15 JAN 13 PM 2:

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

_	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
WORW — Managing Welliber	
MGR	James C. Davis, Sr.
	610 Hemlock Lane
	Lakeland, FL 33810-2810
MGRM	Gwendolyn J. Davis
	610 Hemlock Lane
	Lakeland, FL 33810-2810
(Use attachment if necessary)	
NATE: An additional autist and L	3 3 - 3 10
NO1E: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
7	
blower Ch	7. 1 /
ENNO C. M	and, Dr.
Signature of a member o	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

Filing Fees:

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

that the facts stated herein are true.)

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

James C. Davis, Sr.

Typed or printed name of signee