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(Re	equestor's Name)	
		
(Ad	dress)	
(Ad	dress)	
	·	
(Cit	ty/State/Zip/Phone#	9)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	<u> </u>	£ (Chapture)
Certified Copies	Centificates 6	r Status
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Special Instructions to	Filing Officer:	, 0
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT:		Improvements L.L.C.	
	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are sa	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		gory A. Perry	
	(1	Name of Person)	
<u></u>		ne Improvements L.L.C.	
	a	Firm Company)	
	345 Ponce H	larbor Drive Apt. #102	
		(Address)	-
	St. Aug	ustine, FL 32086	
		State and Zip Code)	
For further information	concerning this matter, please of	call:	
Grego	ry A. Perry	at (904 797 - 42' (Area Code & Daytime To	71
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Affordable Home Improvements L.L.C.	
ARTICLE II - Address:	of the minetact office of the Finited Fields. Communication
the maning address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
345 Ponce Harbor Drive Apt. #102	345 Ponce Harbor Drive Apt. #102
St. Augustine, FL 32086	St. Augustine, FL 32086
G	Name
345 Pond	e Harbor Drive Apt. #102
Florida	street address (P.O. Box NOT acceptable)
	ugustine, _{FL} 32086
Cit	ty, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the above stated limited tated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
O Register	ed Agent's Signature
)5 J

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Gregory A. Perry
	345 Ponce Harbor Drive Apt. #102
	St. Augustine, FL 32086

(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of	member or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
	Gregory A. Perry
	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)