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TALL SALVES A LORIDA

TRANSMITTAL LETTER

TO: Registration Se Division of Co.			
SUBJECT: BAYSIDE	E HOME REPAIRS, LLC.		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
LEE SHI		L CD.	
	1)	Name of Person)	
BAYSIDE HOME RE	EPAIRS, LLC.		
	O O	Firm/Company)	
4352 SUNS	HINE PARK DRIVE		
		(Address)	
MILT	ON, FL 32583		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	cail:	S For S
LEE SHIVELY		at (850) 356-7135	slephone Number)
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
Ø \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
STRF	ET ADDRESS:	MAILING A	DDRESS:

STREET ADDRESS: 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
BAYSIDE HOME REPAIRS, LLC.		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
4352 SUNSHINE PARK DRIVE	4352 SUNSHINE PARK DRIVE	
MILTON, FL 32583	MILTON, FL 32583	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re		gnature:
LEE SHIVELY		
Name		
4352 SUNSHINE PARK DRIVE	<u> </u>	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
MILTON, FL 32583 City, State, a	FL	
Having been named as registered agent and to a 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 accept the obligations of my position as regis	ccept service of process for the about the control of the control	appointment as e provisions of all amiliar with and
		OS HAT
Registered Agent's		R 11 PH 3: 01
D 1 -69		W.P.

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	LEE SHIVELY	
	4352 SUNSHINE PARK DRIVE	
	MILTON, FL 32583	
MGRM	J. D. SASSER	
	4352 SUNSHINE PARK DRIVE	
	MILTON, FL 32583	
		
		
	·	
(Use attachment if necessary) NOTE: An additional article must	t be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a memb	er or an authorized representative of a member,	
(In accordance with se of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	S 58
LEE SHIVELY	C	international constraints of the
T	yped or printed name of signee	<u> </u>
Filing Fees:		FH 3: 01
\$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optiona	<u> </u>	

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