## 605000039068

(Re	equestor's Name)	
·		
(Ac	Idress)	
(Ac	ldress)	
•	•	
Ci	ty/State/Zip/Phone	· <del>4</del> /
(OII	tyrotatorzipri none	, <del>m</del> )
PICK-UP	☐ WAIT	MAIL MAIL
<del></del>	<u>—</u>	<del></del>
(Bu	siness Entity Nan	ne)
(Do	cument Number)	,
Certified Copies Certificates of Status		
	_	
,		
• ,		
Special Instructions to	Filing Officer:	ĺ
		j

Office Use Only



600050371426

04/18/05--01041--019 \*\*160.00

LA04/21/05

FILED

05 APR 18 PH 3: 1.

SECRETARY OF STATE
TALLAHASSEF FINALE

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: RAW Home Services and Remodeling LLC (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:
Randy A. White
(Firm/Company)
1702 SKlar at.
Venice FL 34293 (City/State and Zip Code)
For further information concerning this matter, please call:
Synda M. White at (94) 497-5911 The Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\begin{align*} \text{\$\subset\$130.00 Filing Fee & Certificate of Status} & \$\subset\$\$\$ \$\subset\$\$ \$\sub

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

AKTICLE I - Name:	
The name of the Limited Liability Com	pany is:
RAW Home Service	es and Remodeling LLC
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
<u> </u>	
Principal Office Address:	Mailing Address:
1702 Sklar Ct Venice FL 34293	1702 SKlar Ct Venice FL 34293
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature:
The name and the Florida street address	s of the registered agent are:
- Randy	A. White Same
	Sklar Ct.
	street address (P.O. Box NOT acceptable)
Yenice	R 34293
Ci	ty, State, and Zip

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, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

"MGRM" = Managing Member  Randy A. White 100% of 1702 Star Ct only conce FL 34093	
	nun Mic
	-3
	<b>.</b> .
	• . 
(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.	<u>T1</u>
(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.)  Randy A. White.  Typed or printed name of signee	LED

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)