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TRANSMITTAL LETTER

TO: Registration Section Division of Corp			FILED
SUBJECT: Ryan's Ho	me Repair	1.172.0	3905 APR 20 P 12: 58
	(Name of Limited	Liability Company)	SECRETARY OF STATE
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	T. COMINA
Please return all correspon	ndence concerning this matter	to the following:	
		. Elsperman	
	(N	ame of Person)	
	Dundo U	ema Donais	
		ome Repair irm/Company)	······································
	9303 Ami	nerst Dr.	
		(Address)	
		Florida 32534	
	(City/t	State and Zip Code)	
For further information c	oncerning this matter, please of	call:	
Ryan L. Elsperman		at (850) 477-0398	3
	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	the following amount:		
□ \$125.00 Filing Fee	Ø \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS:		ADDRESS:
	ation Section on of Corporations	Registration Division of	Section Corporations
	Gaines Street	P.O. Box 63	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1995 APR 20 ₽ 12: 58
The name of the Limited Liability Company is:	SECRETARY DE STATE TALLAHASSEE, FLORIDA
Ryan's Home Repair LLC	
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9303 Amherst Dr.	9303 Amherst Dr.
Pensacola Florida 32534	Pensacola Florida 32534
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	
Ryan L. Elspe	erman
Name	
9303 Amherst	Dr
Florida street add	ress (P.O. Box NOT acceptable)
Pensacola	FL 32534
City, State, a	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)

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:	FILED
MGR	Ryan L. Elsperman	## 20 P 12: 58
	9303 Amherst Dr	
	Pensacola Florida 32534	SEURE TARY OF STATE TALLAHASSEE, FLORIDA
- ·		
		-
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is reques	sted.
REQUIRED SIGNATURE:		
	3/	
Signature of a member of	r an authorized representative of a memb	er.
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perju in are true.)	ı uy
Ryan L Elsperman Typed	l 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)