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DEPART IVISION OF CONTURATIONS TALLAHASSEE FLORIDA

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# TRANSMITTAL LETTER

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	Registration Section Division of Corporations	·	
SUBJEC	TT: Vernon W. D. ce, (Name of Lin	Tr. Maystroner	Repair 41C
The encl	osed Articles of Organization and fee(s) are	submitted for filing.	
Please re	turn all correspondence concerning this matt	er to the following:	
<u>Ve</u>	(Name of Person)	ĪC	05 SEL PALL
Ven	(Firm/Company)	was Report L.C.	DS MAY -3 PM I2: 11  BECRETARY D. JANUARIO LLAHASSEE, FLORIO
26:	59 Blue Waters Coc (Address)		FLORIUA
TA	(City/State and Zip Code)	5	<del>-</del> 
For furth	er information concerning this matter, please	call:	
Ve	(Name of Person)	_ at ( <u>\$50</u> ) <u>\$56</u> - (Area Code & Daytime Tele	2849 ephone Number)
Enclosed is a ch	eck for the following amount:		
□ \$125.00 Filin	g Fee  \$\square\$ \$130.00 Filing Fee & \$\square\$ 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)
:	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING Registration Division of 6 P.O. Box 63	Section Corporations

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Verson W. Dice, Jr. Al A. NANANCE /Repar L.L.C. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address: 2659 Blue WATERS CT TALLAHASSEE, Planda 32305 2659 Blue Waters CT TALLAHABBER, FL.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Versod W. D. Ee, Jr., Name

Florida street address (P.O. Box NOT acceptable)

TAllAbassee FL 32305

City, 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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	VENDO W. Dice, Jr.  2659 Blue Waters CT.  TATABASSE, FT. 32305
	05 HAY
(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.

(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.)

Veryou With Dice Jr.

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)