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5-9-65

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: QUALITY HOME REPAIR + LAWDSCAF (Name of Limited Liability Company)	E, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lloyd D. ELLIS, SR (Name of Person)	<u></u>
QUALITY Home REPAIR & LAWDS	CAPE
6513 ABBOYDALE COURT	
ORLANDO FL 32818 (City/State and Zip Code)	
For further information concerning this matter, please call: Lorentz Lorentz April Ap	2969
LloyD BL13 (407) 729-3	TIK
Enclosed is a check for the following amount:	5775 125 126 127 128
S125.00 Filing Fee U \$130.00 Filing Fee & Certificate of Status Certified Copy Ce (additional copy is enclosed)	\$160.00 Filing Fee; ertificate of Status & ertified Copy Editional copy is enclosed)
STREET ADDRESS: MAILING ADDR Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines Street P.O. Box 6327	iess: CS N

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
QUALITY HOME REPAIR + LANDSCAPE, LLC ARTICLE II-Address: 5/9
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
ORLANDO, EL 32818 SAME
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Loyd D. ELUS, Sq. Name 6513 ABBEYDALE CT Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) ORLANDO FL 32818 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 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mer_	LLANDO, FL 32818
_	
	
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herei	a 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury

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)

SECRETARY OF STATE