

L05000052584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

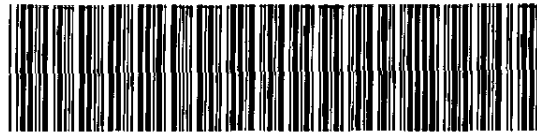
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



900054729819

DIVISION OF CURATORSHIP

05 MAY 26 PM 12:41

RECEIVED

FBI  
05 MAY 26 PM 3:58  
STATE  
TALLAHASSEE  
FLORIDA



CORPORATION SERVICE COMPANY

FILED  
05 MAY 26 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 394671 7117422

AUTHORIZATION :

*Patricia Pigott*

COST LIMIT : \$ 155

ORDER DATE : May 26, 2005

ORDER TIME : 11:05 AM

ORDER NO. : 394671-005

CUSTOMER NO: 7117422

CUSTOMER: Ms. Virginia E. Hosea  
Katz & Green

1 Florida Park Drive South

Palm Coast, FL 32137

DOMESTIC FILING

NAME: TOOL MAN HOME IMPROVEMENTS,  
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
TOOL MAN HOME IMPROVEMENTS, LLC  
A LIMITED LIABILITY COMPANY**

**FILED**  
05 MAY 26 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**

The name of the Limited Liability Company is: TOOL MAN HOME IMPROVEMENTS, LLC.

**ARTICLE II**

The mailing address and street address of the principal office of the Limited Liability Company is: 4250 Lewis Avenue, Penny Farms, Florida 32079.

**ARTICLE III**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**

The Limited Liability Company is to be managed by a manager or managers, as may be set forth in the Operating Agreement. Until otherwise provided in the Operating Agreement, the name and address of the initial Manager(s) shall be:

Byron L. Cogswell, 4250 Lewis Avenue, Penny Farms, FL 32079.

---

## ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement.

I have signed these Articles of Organization and acknowledged them to be my act  
this 25 day of May, 2005

By: 

B. PAUL KATZ, AGENT

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED FOR  
TOOL MAN HOME IMPROVEMENTS, LLC**

IN COMPLIANCE WITH SECTION 608.507, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

FIRST: THAT THE UNDERSIGNED AGENT, DESIRING TO ORGANIZE OR  
QUALIFY THE ABOVE REFERENCED LIMITED LIABILITY COMPANY UNDER THE  
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT  
4250 LEWIS AVENUE, PENNY FARMS,, FLORIDA, 32079, HAS NAMED B. PAUL KATZ,  
LOCATED AT ATRIUM SUITE, 1 FLORIDA PARK DRIVE SOUTH, PALM COAST,  
FLORIDA 32137, AS ITS REGISTERED AGENT AND OFFICER TO ACCEPT SERVICE  
OF PROCESS WITHIN FLORIDA.

  
B. PAUL KATZ, AGENT

DATE: 5/25/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-  
STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER  
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

  
REGISTERED AGENT

DATE: 5/25/05