

W5000060381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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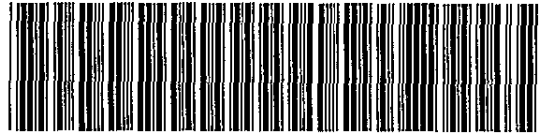
Certificates of Status

Special Instructions to Filing Officer:

6/13

FL LC

Office Use Only



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06/13/05--01043--017 **155.00

MJH

05 JUN 13 PM 2:25

Articles Of Organization Cover Sheet

Enclosed: Check for \$155.00 (\$125.00 filing/\$30.00 certified copy)

Warren Baker
2839 B Morris Ave
Palm Bay FL 32905
Daytime Phone: 321-749-0254

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WARREN BAKERS HOME REPAIR LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2839 B MORRIS AVE
PALM BAY FL 32905

2839 B MORRIS AVE
PALM BAY FL 32905

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

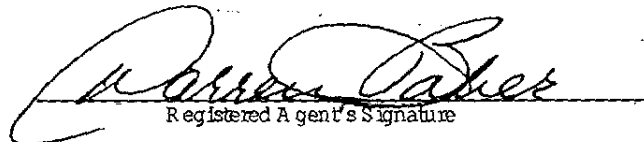
The name and the Florida street address of the registered agent are:

WARREN BAKER
Name

2839 B MORRIS AVE
Florida street address (P.O. Box NOT acceptable)

PALM BAY FL 32905
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)

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FILED

FLA. DBA

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

WARREN BAKER
2839 B MORRIS AVE
PALM BAY FL 32905

(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.)

WARREN BAKER
Typed 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)