

LD5000081293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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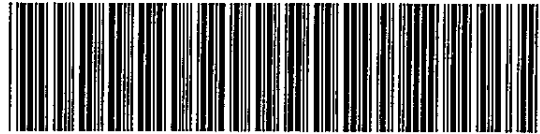
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 17 PM 4:10

N. Culligan AUG 17 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLEN'S HOME REPAIR
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLEN R. FANNIN
(Name of Person)

GLEN'S HOME REPAIR
(Firm/Company)

1604 PALMETTO AVE.
(Address)

DELAND, FL. 32724
(City/State and Zip Code)

For further information concerning this matter, please call:

GLEN R. FANNIN at (386) 717-7099
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 10, 2005

GLEN R. FANNIN
1604 PALMETTO AVENUE
DELAND, FL 32724

SUBJECT: GLEN'S HOME REPAIR
Ref. Number: W05000037847

We have received your document for GLEN'S HOME REPAIR and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 105A00051339

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLEN'S 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:

1604 PALMETTO AVE.
DE LAND, FL 32724

Mailing Address:

GLEN'S HOME REPAIR LLC
1604 PALMETTO AVE
DE LAND, FL. 32724

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

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

GLEN R. FANNIN
Name

1604 PALMETTO AVE.
Florida street address (P.O. Box **NOT** acceptable)

DE LAND, FLORIDA, 32724
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, Florida Statutes..

Glen R. Fannin
Registered Agent's Signature

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DIVISION OF CORPORATIONS
05 AUG 17 PM 4:11

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:

MGR

GLEN R. FANNIN
1604 PALMETTO AVE.
DELAND, FL 32724

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Glen R. Fannin
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.)

GLEN R. FANNIN
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)