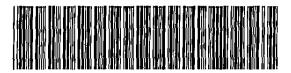
## L0500097011

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special instructions to Filing Officer:	

Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Door 2 Door Remodeling for Rainting Tileing, de (Name of Limited Libbility Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bethany Lee Rocha	
(Name of Person)	
Door Z. Ooor Remodeling & co.	
(Firm/Company)	
903 wayne Ave #5 (Address)	
New Songra Roh H. 32168 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Rettrany Lee Rocha at (386) 478 6884  (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\$125.00 Filing Fee \( \text{Certificate of Status} \) \$\$155.00 Filing Fee \( \text{Certified Copy} \) \$\$Certified Copy (additional copy is enclosed) \( \text{Certified Copy} \) (additional copy is enclosed)	
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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Door 2 Door Remodeling Home improvements

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

Bethany Lee Rocha
Name

903 wayn e Ave #5

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

New Snyrna Bch FL 32168

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managir The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_aune_/Mgr:	Rethany Lee Rocha 103 Junyne Ave#5 New Smyrna Bch. Fl. 32168
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here RITLANGLES K	, · · · · ·

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)

Typed or printed name of signee