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COVER LETTER

TO: Registration Se Division of Co			·
	•	II.C	1006 JAN AHASS
SUBJECT: LIGHT	ing Home Repair,	d Liability Company)	
	(Name of Emilies	d Elabinty Company)	E
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	SEE
Please return all corresp	ondence concerning this matte	er to the following:	- T. S.
David M.	Simmons		700 P
	(1	Name of Person)	
Lightning	Home Repair, LL	.C	
	(Firm/Company)	
473 Jord	an Stuart Cir., A	pt. 209	
•		(Address)	
Anonka	FL 32703		
трорка,		/State and Zip Code)	
For further information	concerning this matter, please	call:	
David M. Simn	nons	407 \ \ 430-81	34
	of Person)	at (407) 430-81 (Area Code & Daytime T	elephone Number)
Englandia a shadefa	andha fallanda amanat		
	or the following amount:	_	_
□ \$125.00 Filing Fee	© \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns Circle

ARTICLE I - Name:	The second second
The name of the Limited Liability Company	/ is:
Lightning Home Repair, LLC	<u> </u>
(Must end with the words "Limited Liability Company, "L	cimited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
473 Jordan Stuart Cir., Apt. 209	473 Jordan Stuart Cir., Apt. 209
Apopka, FL 32703 ARTICLE III - Registered Agent, Registe	473 Jordan Stuart Cir., Apt. 209 Apopka, FL 32703 ered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	Apopka, FL 32703 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	Apopka, FL 32703 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t Edwin L. Korkki	Apopka, FL 32703 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of ted. Edwin L. Korkki	Apopka, FL 32703 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of to Edwin L. Korkki No. 108 Golf Club Drive	Apopka, FL 32703 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of to Edwin L. Korkki No. 108 Golf Club Drive	Apopka, FL 32703 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

<u>e:</u> GR" = Manager GRM" = Managing Member	Name and Address:
GRM" = Managing Member	
	To be
`~	Service Control of the Control of th
<u> </u>	David M. Simmons
	473 Jordan Stuart Cir., Apt. 209
	Apopka, FL 32703
	-
	e <u>a company and a company and</u>
	
ive date is listed, the date must by after the date of filing.) QUIRED SIGNATURE:	pe specific and cannot be more than five business day
	Snine
	er or an authorized representative of a member.
Signature of a memb	ection 608.408(3), Florida Statutes, the execution
(In accordance with se	stitutes an affirmation under the penalties of perjury
(In accordance with see of this document cons that the facts stated	stitutes an affirmation under the penalties of perjury herein are true.)
(In accordance with see of this document cons that the facts stated David M. Simmor	stitutes an affirmation under the penalties of perjury herein are true.)
(In accordance with see of this document cons that the facts stated David M. Simmor	etitutes an affirmation under the penalties of perjury herein are true.)
QUIRED SIGNATURE:	per or an authorized representative of a member.