<u>10000019333</u>

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M. HODGES

COVER LETTER

	istration Sec ision of Cor				
SURJECT:	A & J /	Appliance Repair,	LLC		
20242011		(Name of Limited	Liability Compa	ny)	
The enclosed	l Articles of	Organization and fee(s) are su	bmitted for filing	·	
Please return	all correspo	ondence concerning this matter	to the following:		
Alb	ert Hill				
		·	lame of Person)		
A 8	JApp	liance Repair, LL	C		
		(1	Firm/Company)		
53	19 Tal	apoosa Road	<u></u>		
			(Address)		
Tal	lahas	see, FL 32303			
		(City/	State and Zip Code)	
For further in	aformation of	concerning this matter, please of	call:		
Joyce H			at (850	508-75	56
(Name of Person)		at (850) 508-7556 (Area Code & Daytime Telephone Number)			
Enclosed is	a check fo	r the following amount:			
☑ \$125.00 F	filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	,	\$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	Registration Division Clifton B 2661 Exe	on Section of Corporation uilding cutive Center	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
A & J Appliance Repair, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company,"	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5319 Tallapoosa Road Tallahassee, FL 32303	Same
Talialiassee, FL 32303	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeriness entity with an active Florida registration.) The name and the Florida street address of the Joyce Hill Name	registered agent are:
5319 Tallapoosa Road	بستر لکتر
Florida street a	ddress (P.O. Box NOT acceptable)
Tallahassee, City, State	FL 32303 , and Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as reg	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

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" = Man: "MGRM" = M:	ager anaging Member	
President		Albert W. Hill
		5319 Tallapoosa Road
		Tallahassee, FL 32303
Treasurer		Joyce C. Hill
		5319 Tallapoosa Road
		Tallahassee, FL 32303
(T. t		
(Use attachmen	it if necessary)	
		ne date of filing: 03/01/2006 . (OPTIONA
		be specific and cannot be more than five business day
days after the	date of fung.)	
REQUIRED S	IGNATURE:	
	Albert	+ W. Hill
	Signature of a meml	ber or an authorized representative of a member.
		section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
	Albort W. Hill	·

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