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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Alliance for Better Home Building (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:	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jon D. Tremper (Name of Person) Florida Alliance for Better Home Building, LLC (Firm/Company)	<u>r</u>
(Name of Person)	ļu.
Florida Alliance for Better Home Building, LLC	0
(Firm/Company)	_
6396 South US1 Hwy	, ·
(Address)	
Rockledge, FL 32955	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Earl Bridges _{at (} 321) 259-2789	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\sumset\$\times \text{\$\sumset\$130.00 Filing Fee & Certificate of Status} \text{\$\sumset\$Certified Copy (additional copy is enclosed)} \$\sumset\$\sumset\$\$\sumse	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: Florida Alliance for Better Home Building, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.," or "L.C.

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

business entity with an active Florida registration.)

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

on b. tremper
Name
396 South US1 Hwy
Florida street address (P.O. Box NOT acceptable)
lockledge, FL 32955 FL
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 (REQUIRED)

(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:

"MGR" = Manager "MGRM" = Managing Member	Jon D. Tremper 6396 South US1 Hwy Rockledge, FL 32955
MCP	
MGR	Jon D. Tremper
	6396 South US1 Hwy
	Rockledge, FL 32955
MGRM	Marilyn Tremper
	6396 South US1 Hwy
	Rockledge, FL 32955
MGRM	Earl Bridges
	580 Pelican Dr.
	Satellite Beach, FL 32937
MGRM	Mathew Hawley
WIGKWI	1446 Brook Dr.
	Melbourne, FL 32935
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL
fective date is listed, the date mu days after the date of filing.)	st be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Oz c	

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.)

Jon D. Tremper

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)