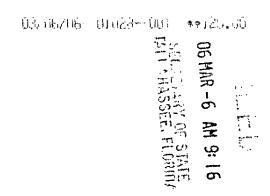
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(Re	questor's Name)		
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: JEP	F's Home Re	pair LLC		
(Name of Limited Liability Company)				
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:	A. 6	
Teffery	J. Hill			
	(A)	lame of Person)		
JEFF'S	Home Rep	rie LLC	70 0	
•	, (£	Firm/Company)	0.5	
10424 Roger HAMIN Rd				
(Address)				
TAllAhASSEE Florida 32311 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information of	oncerning this matter, please o	call:		
-11 011	·10			
Jeffery JAC	of Person)	at (<u>850</u>) <u>284-9.</u> (Area Code & Daytime T		
// (Ivame c	n retson)	(Area Code & Daytime 1	etephone Number)	
Enclosed is a check for	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 Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
JEFF'S Home Repair (Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
10424 ROSER HAMIN Rd. TALLANDSET FL.	SAME			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration Name 10424 Rosen Horida street address of The Registration Name	registered agent are: SST 00 10 10 10 10 10 10 10 10 10 10 10 10			
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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

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)