

L06000027403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

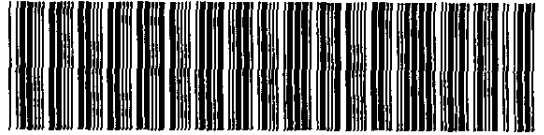
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

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03/15/06--01024--007 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 15 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 15 AM 11:23

RECEIVED

J BRYAN MAR 15 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Remodeland Repair Solutions  
(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:

Phillip Benefield  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3201 Dan Fletcher Dr.  
(Address)

Tallahassee FL 32310  
(City/State and Zip Code)

06 MAR 15 AM 11:28  
STATE DEPT OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Phillip Benefield at (850) 5104243  
(Name of Person) (Area Code & Daytime Telephone 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Remodel and Repair Solutions LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

3201 Dan Fletcher Dr  
Tallahassee FL 32310

\_\_\_\_\_  
\_\_\_\_\_

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STATE  
TALLAHASSEE FL 32310

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

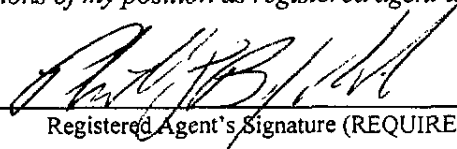
The name and the Florida street address of the registered agent are:

Phillip Benefield  
Name

3201 Dan Fletcher Dr  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32310  
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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Phillip Benefield  
3201 Dan Fletcher Dr.  
Tallahassee FL 32310

MGRM

Jason Scarbary  
16886 Lake Christiana Ct.  
Tallahassee FL 32310

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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STATE OF FLORIDA  
TALLAHASSEE, FL 32310

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**

Phillip Benefield

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.)

Phillip Benefield

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)