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00789-00524-02827-00676-00671 \$125
form + fee

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

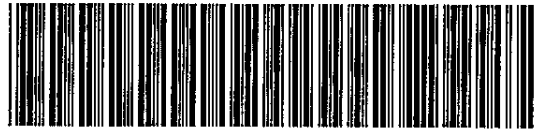
Certified Copies _____ Certificates of Status _____

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3/14 FLIC

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W06-10739



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03/03/06--01046--001 **70.00

03/20/08--01010--002 **65.00

FILED
MAR 16 2011
13

H. Hodges



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

KAREN LEWIS
1312 BERRI PATCH PLACE #7
MELBOURNE, FL 32935

SUBJECT: NEW HOME MOLD PROTECTION, LLC
Ref. Number: W06000010739

We have received your document for NEW HOME MOLD PROTECTION, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to register a Florida Limited Liability Company, the form submitted is for a corporation.,

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 506A00015382

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Home Mold Protection, LLC
(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:

Karen Lewis
(Name of Person)

alt Brevard Restoration
(Firm/Company)

1312 Berri Park Pl #11
(Address)

Melbourne FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Lewis at (321) 751-6575
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Additional fee of \$55.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Home Mold Protection, 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:

260 ALBATROSS
SATELLITE BEACH FL 32937
SAME

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

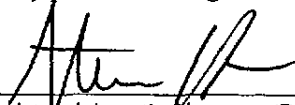
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

STEVEN HODGES
Name
260 ALBATROSS
Florida street address (P.O. Box **NOT** acceptable)
SATELLITE BCH FL 32937
City, State, and Zip

06 MAR 16 AM 11:13
TALLAHASSEE, FLORIDA

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

STEVEN HODGES
260 ALBATROSS
SATELLITE BCH FL 32937

MGR

CURTIS RYMER
679 ROSELAND Rd
SEBASTIAN FL 32958

MGRM

Sheri Fowler
260 ALBATROSS
SATELLITE Beach FL 32937

MGRM

KAREN LEWIS
5414 PINEY BRANCH
W. MELBOURNE FL 32904

(Use attachment if necessary)

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:



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.)

Karen Lewis

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)