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(Requestor's Name)
(Address)
(included,
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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O6 JUN -2 PM 1:42 SECRETARY OF STATE

DEPALL SENT OF STATE IVISION OF CHREGRATIONS TALL AHASSEE, FLORIDA

Lule 36651

REFECTIVE DATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Garrett's Home Repair, 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:
Garrett B. Randolph
Garrett's Home Repair, LLC.
1057 Suter Road From P
Tallahassee, FL, 32311
For further information concerning this matter, please call:
Garrett Randolph at (850) 656-6085 Home 590-8376 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section Division of Compositions Physician of Compositions

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

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:	
(Must end with the words "Limited Liability Company, "Limited	Repair, LLC ad Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1057 Sutor Road Tallahassee, FL 32311	1057 Sutor Road 1 Tallahassee, Fl 37311
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 rename and the Flor	egistered agent are:
Florida street add TANALASSE City, State, a	

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

CFFECTIVE DATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	County & R. Ulah
111/3/211	1057 Sutor Road Tallahassee, FL 32311
mgem	Ella C. Weaver
•	(Same as above) = 0
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ARTICLE V: Effective date, if other than the date of filing: Ob-02-06. (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:

(Use attachment if necessary)

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.)

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)