

LOG000063490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

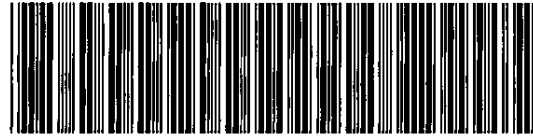
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

Office Use Only



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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2006 JUN 22 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2009 JUN 22 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- ACD HOME REPAIRS, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

ACD HOME REPAIRS, LLC

ARTICLE I

NAME

The name of the Limited Liability Company is ACD Home Repairs, LLC.

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1934 S. Viscaya Circle, Deltona, FL 32738.

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.


ARTICLE IV

REGISTERED AGENT

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

Annette Fuller
1934 S. Viscaya Circle
Deltona, FL 32738

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.


Annette Fuller, Resident Agent

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2006 JUN 22 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

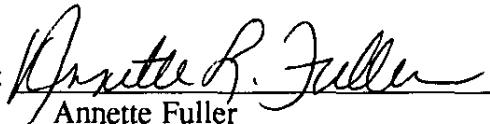
MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who are designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.


Annette Fuller

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated in these Articles are true.

ACD HOME REPAIRS, LLC

By: 
Annette Fuller
1934 S. Viscaya Circle
Deltona, FL 32738