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| (Re | questor's Name |) |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | ime) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Co | | | | · |
|---------|----------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| SUBJE | cct: DeMa | rcus Home Repair | LLC d Liability Compa | mr) | |
| | | (rame or Limite | u Diability Compa | iiy <i>)</i> | |
| The en | closed Articles of | f Organization and fee(s) are so | ubmitted for filing | į. | |
| Please | return all corresp | ondence concerning this matte | r to the following: | : | |
| | Christoph | er L. DeMarcus | | | |
| | ······································ | | Name of Person) | | · · · · · · · · · · · · · · · · · · · |
| | DeMarcu: | s Home Repair | | | |
| | | (| Firm/Company) | | |
| | 5413 Bro | ad St | | | |
| | | | (Address) | | • |
| | Milton, F | L. 32570 | | | |
| | | (City) | State and Zip Code |) | |
| For fur | ther information | concerning this matter, please | call: | | |
| Chri | stopher L. | DeMarcus | at (850 | 686 -69 | 8-2747 |
| | (Name | of Person) | (Area Code | & Daytime To | elephone Number) |
| Enclos | ed is a check fo | or the following amount: | | | |
| \$125 | 5.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Fi Certified Copy (additional copy i | , | \$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 | Registration of Clifton Books 2661 Execution 1 | ourier Address on Section of Corporation uilding cutive Center ee, FL 32301 | os . |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | s: |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| DeMarcus Home Repair LLC (Must end with the words "Limited Liability Company, "Lin | nited Company" or their abbreviation "LLC," or "L.C.,") |
| ADTICLE II Address | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5413 Broad St. | 5413 Broad St. |
| Milton , Fl 32570 | Milton , FI 32570 |
| ADTICLE III Degistered Agent Degister | ed Office & Pegistered Agent's Signature |
| (The Limited Liability Company cannot serve as its own Re | ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another |
| business entity with an active Florida registration.) | |
| The name and the Florida street address of the | e registered agent are: |
| Christopher L. DeMarc | us |
| Nan | ne |
| 5413 Broad St. | <u> </u> |
| Florida street | address (P.O. Box NOT acceptable) |
| Milton | FL 32570 |
| City, Stat | e, and Zip |
| | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as |
| registered agent and agree to act in this capa | city. I further agree to comply with the provisions of all |
| | performance of my duties, and I am familiar with and |
| accept the obligations of my position as re | gistered agent as provided for in Chapter 608, F.S |
| Registered Agent's Sig | nature (REQUIRED) |

(CONTINUED) Page 1 of 2 DIVISION OF CORPORATIONS

06 OCT 19 PM 1: 5

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

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

| MGR | Christopher L DeMarcus | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| • | 5413 Broad St | |
| | Milton , FI 32570 | |
| And the second accordance to the second and the second accordance to th | | |
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| MANAGEMENT AND THE PROPERTY OF | | |
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| | | |
| • | | |
| (Use attachment if necessary) | | |
| CLE V: Effective date, if other than th | e date of filing: | . (OPTIONAL |

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.)

Christopher L DeMarcus

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)