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Certified Copies	Certificates	of Status
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Special Instructions to		An
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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	Name of Limite	DNS LLC ed Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.	
Please return all con	espondence concerning this matte	er to the following:	
Jeren	my Todd Va	Name of Person)	
The	Renovations	(Firm/Company)	
706	10 Geronin	Mo Hail (Address)	
Mait	-land, A	3 2 751 (State and Zip Code)	
For further informati	on concerning this matter, please	call:	
Jeen Tod	d Vanditt	at (407) 758 (Area Code & Daytime T	-4134 elephone Number)
Enclosed is a checl	for the following amount:		
]\$125.00 Filing Fo	ce \$\int \\$130.00 \text{ 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons • Circle

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

TTV	Renovati	ous LL	<u> </u>	
(Must end with the words	"Limited Liability Company,	"Limited Company"	or their abbreviation "l	LLC," or "L.C.,")

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#### **ARTICLE II - Address:**

Principal Office Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Mailing Address:

4040 GEIGHIMO M 4040 CICIONIMAH.		
Maitland FL Martland FL		
33751		
· · · · · · · · · · · · · · · · · · ·		
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:	2	SE(V)
Tann. Il Madied		<u> </u>
,	2	三
Name	<del></del>	Ÿ¥:
1040 Comis = 10	_	835
Florida street address (P.O. Box NOT acceptable)	<b>R</b>	ઝ유드
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May+19110d & FL 32751	C)	
City, State, and Zip	<b>-</b> ,	200
		70

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..

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Jeremy Todal Vandiver
MGRM	Mary Margaret Klein 7040 Renovemo tri Mai Figur Fi 37751
**************************************	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAle specific and cannot be more than five business day
REQUIRED SIGNATURE:	
1.00	<del></del>
Signature of a memb	er or an authorized representative of a member.

### 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)