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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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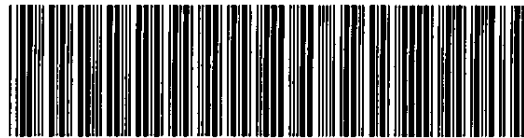
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EFFECTIVE DATE

2-1-07

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07 FEB -8 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W06-50574

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & L HOME REPAIR

(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:

STANFORD D. LINDSAY

(Name of Person)

S & L HOME REPAIR

(Firm/Company)

4587 CARIBBEAN BLVD

(Address)

WEST PALM BEACH FL 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

STANFORD D. LINDSAY

(Name of Person)

at (561)

635-4210

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

07 FEB - 8 PM 4:05
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2006

STANFORD D. LINDSAY
S & L HOME REPAIR
4587 CARIBBEAN BLVD.
WEST PALM BEACH, FL 33407

SUBJECT: S & L HOME REPAIR
Ref. Number: W06000050516

07 FEB - 8 PM 4:05
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for S & L HOME REPAIR and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 906A00070805

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S & L HOME REPAIR 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:

4587 CARIBBEAN BLVD
WEST PALM BEACH FL 33407

Mailing Address:

4587 CARIBBEAN BLVD
WEST PALM BEACH FL 33407

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:

CHRISTOPHER PLUMMER

Name

1216 SUNFLOWER CIRCLE

Florida street address (P.O. Box **NOT** acceptable)

ROYAL PALM BCH, FL 33411

City, State, and Zip

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SECRETARY OF STATE
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)

Page 1 of 2

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:

MGR

STANFORD D. LINDSAY

4587 CARIBBEAN BLVD

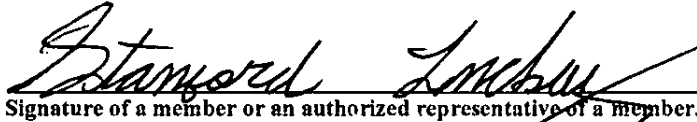
WEST PALM BEACH FL 33407

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2-1-07 (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.)

STANFORD D. LINDSAY

Typed or printed name of signee

FILED
07 FEB -8 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)