

LO7000034584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

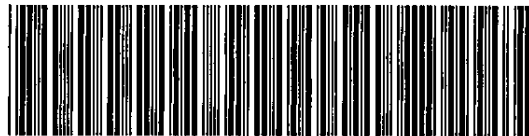
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
07 MAR 29 AM 9:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LARRYS CUSTOM HOME REPAIRS 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:

LARRY SEXTON

(Name of Person)

LARRYS CUSTOM HOME REPAIRS LLC

(Firm/Company)

P O BOX 353413

(Address)

PALM COAST FL 32137

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY SEXTON

(Name of Person)

at (386) 503-0539

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LARRYS CUSTOM HOME REPAIRS 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:

41 FENIMORE LN

PALM COAST FL 32137

Mailing Address:

P O BOX 353413

PALM COAST FL 32137

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:

ARTHUR JACKSON

Name

2285 E HWY 100 SUITE 100

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

BUNNELL FL 32110

FL

City, State, and Zip

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)

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(CONTINUED)

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

LARRY SEXTON

PALM COAST FL 32137

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(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.)

Lucy Letby

(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.)

LARRY Sexton
Typed or printed name

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)