

LO7 000056224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07 MAY 29 AM 9:36

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LO7-56224  
al

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STEVE'S 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:

STEVE THEOPHANE  
(Name of Person)

STEVE'S Home Repair  
(Firm/Company)

96 Sugarcane Ln  
(Address)

Crawfordville Fla, 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Theophane at ( 850 ) 926-0227  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="radio"/> \$125.00 Filing Fee	<input type="radio"/> \$130.00 Filing Fee & Certificate of Status	<input type="radio"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="radio"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

2007 MAY 29 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Steve's 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:

916 Sugar cane Ln  
Crawfordville Ga  
32327

### Mailing Address:

Same

## 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:

Steve Theodore  
Name

916 Sugar cane Ln  
Florida street address (P.O. Box **NOT** acceptable)  
Crawfordville FL 32327  
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..*

Steve Theodore  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

MGRM

SONGBOD BELL  
36 Gougher SUPRIE LN.  
Crawfordville Fl 32327

MGRM

Earl Wayne Correa  
604 Tickie Ridge  
Crawfordville

MGR


Steve Theofane  
96 Sugarcurve Ln  
Crawfordville Fl 32327

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Steve Theofane  
\_\_\_\_\_  
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)