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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE ISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Advanced Vinyl Repair LLC		
	(Name o	of Limited Liability Company)	
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please return	all correspondence concerning the	is matter to the following:	
Matthew I	Kjelland		
	(Name of Person)		
Advanced	l Vinyl Repair LLC		
	(Firm/Company)		
2467 Bow	rling Green Way		
	(Address)		
Cantonm	ent, FL 32533		
	(City/State and Zip Co	ode)	
For further in	formation concerning this matter,	please call:	
Matthew I	Kjelland	at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET AD		MAILING ADDRESS:	
Registration S		Registration Section	
Division of Corporations Division of Corporations			
409 E. Gaines		P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Advanced Vinyl Repair LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2467 Bowling Green Way	2467 Bowling Green Way
Cantonment, FL 32533	Cantonment, FL 32533

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Matthew Kjelland	
	Name
2467 Bowling Gree	n Way
Florida street addre	ss (P.O. Box NOT acceptable)
Cantonment	_{FL} 32533
City. 5	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

(CONTINUED)

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

MGR	Matthew Kjelland	
	2467 Bowling Green Way	
	Cantonment, FL 32533	
··· • • • • • • • • • • • • • • • • • •		

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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.)

Matthew Kjelland

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)