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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SV Builders 15 (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:			
Stoyan Vikolov (Name of Person)			
(Name of retson)			
Home Repairs 115 (Firm/Company)	 		
(Firm/Company)			
700 west virginia # 124			
Tallahassec FL 32304 FS	07		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Stoyau Vixolov at (850) 567-56-89 (Name of Person) (Area Code & Daytime Telephone Number)	12: 18		
(Tital coac a payania respitation rumber)	_		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
SN Buildels (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Tallahassec FL 32304	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	alov SSEE.
Florida street addre	ess (P.O. Box NOT acceptable)
Tollahassec City, State, an	FL 32304 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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. 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)

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

\$ 5.00 Certificate of Status (Optional)