

FROM: LAZARUS
Division of Corporations

FILE NO. 3052201440

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

T A GENERAL HOME REPAIRS & SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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L. SELLERS

JAN 17 2008

EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

T A General Home Repairs & Services, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - ADDRESS:

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE
OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS

**13891 SW 43 Tr
Miami, Fl. 33175**

MAILING ADDRESS

**13891 SW 43 Tr
Miami, Fl. 33175**

ARTICLE III

THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS
ORGANIZED IS:

ANY AND ALL LAWFUL BUSINESS.

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:

Marina I. Marengo

Name

1550 SW 1th Street Suite 13

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

Miami, Florida 33135

City, State, and Zip.

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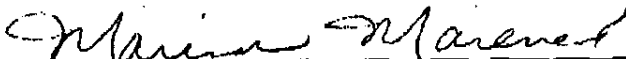
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Having been named as registered agent and to accept service of process for the above
stated limited liability company at the place designated in this certificated, I hereby
accept the appointment as registered agent and agree to act in this capacity. I further
agree to comply with the provision of all statutes relating to the proper and complete

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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)

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

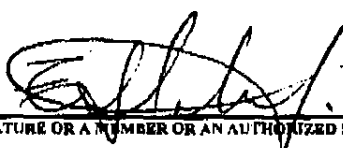
Name and Address:**MGRM****TAREK J AFCHA****13891 SW 43 Tr****Miami, Fl. 33175**

(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:

X


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.)

TAREK J. AFCHA

Typed or printed name of signer

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)

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