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(Red	questor's Name)	
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08 FEB 29 PM 3: 22 SECRETARY OF STAIL AHASSEE, FLORE

T. CLINE

FEB 29 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corpo				
SUBJECT:	PS Home To (Name of Limited Liab	Cepair SUC	LCC	
The enclosed Articles of Or	ganization and fee(s) are submit	ted for filing.		
Please return all correspond	ence concerning this matter to the	ne following:		
Micho	sel Carter			
Mike's	Home Repart	of Person)  SVC. (LC Company)	=	
128 C	rossway ro (Ad	ldress)		
Tallah	essee FL	32305	·	·
-	(City/State	and Zip Code)		
For further information cond	cerning this matter, please call:		TAS O	
Michael (	Parter at (	))	B FEB	-77
(Name of P	'erson)	)(Area Code & Daytime Tele	phone Number 29	H.
Enclosed is a check for th			m <sub>G</sub> T	
\$125.00 Filing Fee	Certificate of Status Co	55.00 Filing Fee &  ertified Copy dditional copy is enclosed)	\$160.00 Filing—Fee Certificate of Status Certified Copy (additional copy is enclosed	
	Mailing Address Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Mikes Home Repair	SVE. LLC
(Must end with the words "Limited Liabilit	y Company, "L.L,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
128 Crossway rd. Tallahussee Fl. 32305	128 crossway rd Tallahassee FC.
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 art another
The name and the Florida street address of the re  Michael  Name	29 PM
128 Crossway Florida street addr	ess (P.O. Box NOT acceptable)

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)

The name and address of each Manager of	r Managing Member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Michael Carter 128 Crossway Fr Tallahassee Fl 32	1-		
(Use attachment if necessary)		SE(	8	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe to or 90 days after the date of filing.)		SSE	avs prior	
REQUIRED SIGNATURE:		STATE	3: 22	7
(In accordance with section of this document constitutes that the facts stated herein	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)			

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)