## (08000071150

•		
(Re	questor's Name)	,
(Ad	dress)	
——————————————————————————————————————	dress)	
, ,	arcaa,	
,		
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL MAIL
FIGN-OF	<b>VV</b> AII	LI WAIL
	-i [::::::::::::::::::::::::::::::::	<del></del>
(Bu	siness Entity Name)	}
(Do	cument Number)	<del></del>
	,	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
'	Ū	
		ļ
		ľ
ļ		ļ





600133266106

07/23/08--01014--006 \*\*155.00

THE JUL 23 PH I2: 03

T. CLINE
JUL 2 4 2008
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A-AA Appliance Sepair Cont Laboration (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:
Sovald L. BENHEY
A-AA HON/ANCE KEPAIR, COM, LAC
P.O. Box 1223
hand O'LAKES, Fh 34639
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\text{\$160.00 Filing Fee}, \$\$160.00 Filing Fee
Mailing Address Street/Courier Address  Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
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:  HIS LAW D'ARKES BOY  HANDO LAKES, FL 34639  Mailing Address:  LAW OF LAKES, FL 34639
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:  Name  Name  Florida street address (P.O. Box NOT acceptable)  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

Donold & Bertley

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)

<u>Title:</u> "MGR" = N	Manager = Managing M	lamhar	Name and Address:	Λ
MGKM -	2	iembei	Sorald & BENHE	<u> </u>
			MANDOINAKES, FL 346	251_
			-	
	<del> </del>			<del></del>
(Use attach	ment if neces	sary)		
ICLE V: Effe	ctive date, if c	other than the o	date of filing: $8-01-08$	(OPTIONAL)
ICLE V: Effe	ective date, if c	other than the c	date of filing: <u>S-01-08</u> , specific and cannot be more than five be	
ICLE V: Effe effective date 90 days after	ective date, if c e is listed, the the date of fil	other than the c date must be ing.)	date of filing: <u>S-01-08</u> e specific and cannot be more than five be	
ICLE V: Effe effective date 90 days after	ective date, if c	other than the c date must be ing.)	date of filing: <u>S-01-08</u> specific and cannot be more than five be	
ICLE V: Effe effective date 90 days after	ective date, if c e is listed, the the date of fil	other than the c date must be ing.)	date of filing: <u>S-01-08</u> e specific and cannot be more than five be	
ICLE V: Effe effective date 90 days after	ective date, if c e is listed, the the date of fil	other than the codate must be ing.)  JRE:	date of filing:	usiness days pri
ICLE V: Effe effective date 90 days after	ective date, if ce is listed, the the date of file ED SIGNATU  Signatu  (In accoording this details and the date)	other than the codate must be ing.)  JRE:  Locate of a member ordance with sections.	r or an authorized representative of a member.	usiness days pri

\$125.00 Filing Fee for Articles of Organization and Designation

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