# L080000711623

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

JUL 2 5 2008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: $\mathcal{B}$	Name of Limited	ing + Home Rep	OAINS
The enclosed Articles of C	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspon	ndence concerning this matter	r to the following:	
Joh	Anny E. Br	Name of Person)	
Bro	wn's Framing	+ Home Repair	v
	S.E. SULI		
LAKE	City, FIA.	State and Zip Code)	
For further information of	oncerning this matter, please of	eali:	
Johnny E.	Bawo.	386 752-	
Terrell H.	Me RAC	at ( 386- ) 755- 1 (Area Code & Daytime Telep	923
(Name o	f Person)	(Area Code & Daytime Tele	ohone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	S 30.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

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

A	RT	ICI	$\mathbf{E}$	<b>I</b> - 1	Nя	me:

The name of the Limited Liability Company is:

Brown's Framing + Home Repairs, L.L.C.

(Must end with the words "Eimited 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:	Mailing Address:		
1043 S.E. Sulton Loop Lake City, for 32025	1043 S. F. SULTON LOOP LAKE CITY, FM. 32025		
•	- J		

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:

Johny E. Brown

Name

1043 S.E. Sulton Loop

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

Lake City FL 32025

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 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

(CONTINUED) Page 1 of 2 FILED

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SECRETARY OF STATE

## **ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows: Title: 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:**

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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

Typed or printed name of signee

E. Brown