

LD80000087746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

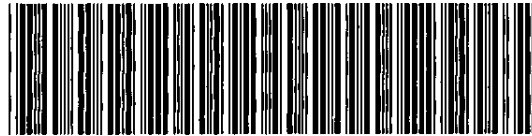
Special Instructions to Filing Officer:

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G. MCLEOD

SEP 16 2008

EXAMINER



600135835096

09/16/08--01025--002 **125.00

RECEIVED

08 SEP 16 AM 11:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 SEP 16 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

REGISTRATION SECTION
DIVISION OF CORPORATIONS
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

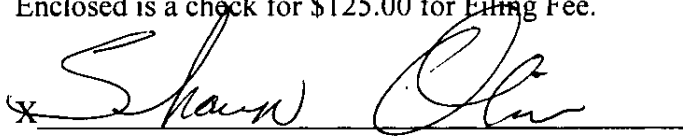
SUBJECT: SHAWN'S REMODELING AND REPAIR, LLC
The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAWN OLIVER
4209 NORTH DOWNING AVE.
TAMPA, FL 33603

For further information concerning this matter, please call:
SHAWN OLIVER
TELE: 813 234 5096

Enclosed is a check for \$125.00 for Filing Fee.

x 
SHAWN OLIVER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
SHAWN'S REMODELING AND REPAIR, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability

Street Address:

Company is:

SHAWN'S REMODELING AND REPAIR, LLC
4209 NORTH DOWNING AVE.
TAMPA, FL 33603

Mailing Address:

SHAWN'S REMODELING AND REPAIR, LLC
4209 NORTH DOWNING AVE
TAMPA, FL 33603

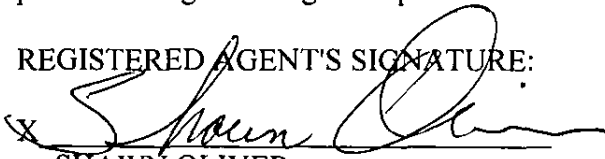
ARTICLE III: Registered Agent, Registered Office, Registered Agent's Signature

The name and the Florida street address of the registered agent are:

SHAWN OLIVER
4209 NORTH DOWNING AVE
TAMPA, FLORIDA 33603

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:

X 
SHAWN OLIVER

ARTICLE IV: Manager or Managing Member:

The name and address of each Manager or Managing member is as follows:

TITLE:

MANAGING MEMBER

Name and Address of Managing Member:

SHAWN OLIVER
4209 NORTH DOWNING AVE.
TAMPA, FL 33603

FILED
08 SEP 16 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date is the date of filing.

REQUIRED SIGNATURE:

SHAWN OLIVER
MEMBER MANAGER

X 