

**LD8000087837**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

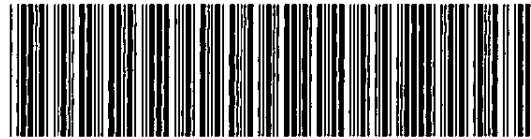
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 SEP 15 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

*C.8.9-16*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MICHAEL REEVES HOME REPAIRS LLC  
(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:

MICHAEL REEVES  
(Name of Person)

MICHAEL REEVES HOME REPAIRS LLC  
(Firm/Company)

3944 CROSBY AVE.  
(Address)

ST. CLOUD, FL 34772  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL REEVES at (407) 957-9066  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL REEVES Home REPAIRS LLC

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

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

3944 Crosley Ave.  
ST. CLOUD, FL 34772

### Mailing Address:

3944 Crosley Ave.  
ST. CLOUD, FL 34772

## 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:

MICHAEL REEVES  
Name

3944 Crosley Ave.  
Florida street address (P.O. Box **NOT** acceptable)

ST. CLOUD FL 34772  
City, State, and Zip

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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 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..*

*Michael Reeves*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

