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SECRETARY OF STATE SECRETARY OF STATE

M. THOMAS

NOV 1 2 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: Noll I	Restoration, LLC		
SUBJECT:		Liability Company)	
The enclosed Articles	of Organization and fee(s) are sul	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
Ryan Noi	1		
		ame of Person)	
Noll Rest	oration, LLC		
		irm/Company)	
611 S. Fo	ort Harrison Ave # 31	0	
		(Address)	
Clearwat	er, Florida 33756		=0 <u>=</u> 0
	· · · · · · · · · · · · · · · · · · ·	state and Zip Code)	5 5
For further information	n concerning this matter, please c	all:	TO PH
Ryan Noll (Nam	ne of Person)	(Area Code & Daytime Tele	1 phone Number)
Enclosed is a check t	for the following amount:		
\$125.00 Filing Fee	\$130.00 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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Noll Restoration, LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
(**************************************	
ARTICLE II - Address:	La transfer out to the Commence of
The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
611 S. Fort Harrison Ave # 310	611 S. Fort Harrison Ave # 310
Clearwater, Florida 33756	Clearwater, Florida 33756
	tered Office, & Registered Agent's Signature; Registered Agent. You must designate an individual or another.
(The Limited Liability Company cannot serve as its own	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another: the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Ryan Noll	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another: the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Ryan Noll	the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Ryan Noll 2219 Alligator Cree	the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Ryan Noll 2219 Alligator Cree	the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Ryan Noll 2219 Alligator Cre Florida street Clearwater	the registered agent are: Name eek Dr et address (P.O. Box NOT acceptable) 33765

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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	
MGR	Emily Noll
	2219 Alligator Creek Rd
	Clearwater, FL 33765
·	
	e date of filing: Nov. 15th 2008 (OPTIONAL)
	至2. 5.
	
	Fig
(Use attachment if necessary)	E CS
CLE V. Effective data if other than the	e date of filing: Nov. 15th 2008 . (OPTIONAL)
effective date is listed, the date must b	be specific and cannot be more than five business days prior
0 days after the date of filing.)	e specific and cannot be more than five susmess anys pro-
g /	
DECHIDED SIGNATURE.	
REQUIRED SIGNATURE:	
Jage	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	arer /

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Yan nu'l
Typed or printed name of signee

Filing Fees:

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

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