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DIVISION OF CORPORATION

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S. HAWKES

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	(Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	James Hatcher (Name of Person)
	(Name of Person)
	Di D Heme Imprevement & Repsir
-	8005 Red Eagle D-
-	Tallahassee, FL 32312 (City/State and Zip Code)
For furt	her information concerning this matter, please call:
Ja	mes Hatche at (850) 345-1757 (Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
] \$125.0	On Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED EXABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Da D Home Improvement & Repair "LLC"

(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: M	lailing Address:
Tallahassee, Fl 32312	8005 Red Eagle Dr. Tallahissee, Fr 32312

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:

Tames Hatchen
Name

Sous Red Eas le On

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

Tallshovee FL 323/7

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..

egistered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Man "MGRM" = M	nager anaging Member	Name and Address:
MGR		James Hatcher Son Sous Red Gaste Dr. 7 Tall, Fr 12312
(Use attachmer	• •	data of filling
LE V: Effectiv fective date is I days after the	e date, if other than the isted, the date must be date of filing.)	date of filing: (OPTIO
LE V: Effectiv	e date, if other than the isted, the date must be date of filing.) IGNATURE:	e specific and cannot be more than five business
LE V: Effectiv fective date is I days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a membe (In accordance with sec	r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
LE V: Effective date is leading after the	c date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a membe (In accordance with sec of this document constitute the facts stated here.)	r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury