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SECRETARY OF STATE
TALLAHASSEE, FI OBIN.

D. BRUCE
MAY 20 2009
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Gordon Miller Hame Repaire (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:	
	JACK GMiller To (Name of Person)	
	GORDON Miller Home REPAIR (Firm/Company)	
	1906 Justices Cr. (Address)	
	_	
	Gulf BREEZE FL 32563	
	(City/State and Zip Code)	5
For fur	ther information concerning this matter, please call:	<u> </u>
JACA	(Name of Person)  (Area Code & Daytime Telephone Number)  (Area code & Daytime Telephone Number)  (Area code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	П
Enclos	sed is a check for the following amount:	0
\$125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, \$\bigcup \\$Certificate of Status & 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	



February 6, 2009

JACK G MILLER JR 1906 JUSTICES CIR GULF BREEZE, FL 32563

SUBJECT: GORDON MILLER HOME REPAIR

Ref. Number: W09000005929

We have received your document for GORDON MILLER HOME REPAIR and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 609A00004334

O9 MAY 19 PH 12: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sox Don (Must end	Miller	Home	Reprip	"L.L.C."	
(Must end	l with the words "Limite	ed Liability Compa	ny, "L.L.C.," or "L	LC.")	
ARTICLE II - Addres					
The mailing address an	d street address of	the principal of	office of the Li	mited Liability Co	mpany is:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Utilice Address:	Mailing Address:
1906 Justiles CR	1906 Justices Gulf Breeze FU
Gulf BREEZE FL	Gulf Brown FU
32563	32562

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.)

ousniess entity with an active Fronta registration.)		
The name and the Florida street address of the registered agent are:	O. FALSE	
JACK G MILLOR JL Name	9 MAY I	Ή
1906 Justices CC Florida street address (P.O. Box NOT acceptable)	19 PM TARY OF ASSEE, F	77
GUIF BREECE FL 32563 City, State, and Zip	IZ: 46 STATE LORIDA	フ

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

## ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	JACK GMILLER JA 1906 JASTICES CR GUIF BRESZE FI 325	<u>-</u> 73	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (0 specific and cannot be more than five bus	OPTIONAL) siness days p	rior
REQUIRED SIGNATURE:		¥° 0	
(In accordance with sect	r or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	9 MAY 19 PA	TIE
that the facts stated he	erein are true.)  My 100 Red or printed name of signee	PM 12: 46 OF STATE EE, FLORIDA	O

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)