

LOGUUUU67675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

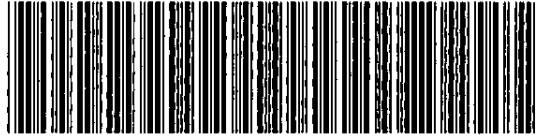
(Business Entity Name)

(Document Number)

Certified Copies _____ : Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200158358442

07/13/09--01006--023 **125.00

B. KOHR

JUL 15 2009

EXAMINER

FILED
09 JUL 13 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STEVEN WAGNER

July 9, 2009

Wagner's Home Services

Steven Wagner
2145 Cay Lagoon Dr # 312
Naples, Florida 34109

(239) 571-2130

FILED
09 JUL 13 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WAGNER'S HOME SERVICES LLC
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2145 Cay Lagoon Dr. #312
Naples FL 34109

Mailing Address:

2145 Cay Lagoon Dr. #312
Naples FL 34109

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:

STEVEN WAGNER
Name
2145 Cay Lagoon Dr. #312
Florida street address (P.O. Box **NOT** acceptable)
Naples FL 34109
City, State, and Zip

FILED
09 JUL 13 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Steven Wagner
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Steven Wagner
2145 Cay Lagoon Dr. #312
Naples FL 34109

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____.
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Steven Wagner
Signature of a member or an authorized representative of a member.

(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.)

STEVEN WAGNER
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)