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EXAMINER

SECRETARY OF STATE PALL AHASSEE, FLORING

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: D.L.F	Home imp Name of Limbe	COURENENT COND	repairs LLC
The enclosed Articles of Orga		<u> </u>	THE STATE OF THE S
Daniel	Herna	ndeZ Name of Person	TO THE THE PERSON OF THE PERSO
		Firm/Company	
2959 F	tpala cho	e Pkwy Address	<u> </u>
Tallaha	see FL	3230 \ V/State and Zip Code	
DHern	924@4	future annual report notification)	
För further information concer	ming this matter, please	call:	
Daniel Hame of Pers	ernandez	at (<u>850</u>) <u>251 - 2</u> Area Code & Daytime Tele	phone Number
Enclosed is a check for the	following amount:		
	30.00 Filing Fee & ertificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	iling Address gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ALLAHASSI P
D.L. H. Hame Improvement (Must end with the words "Limited Liability	ents and Repairs EGG, by Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
759 Apalachee plany H4 Tallahassee FL 32301	9146 Oldwoodville 12d Tallahassee FL 35305
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	· · · · · · · · · · · · · · · · · · ·
Daniel Hernar	ider
2959 Afalcane c Florida street address (P.O. I	PKwy H4 Box NOT acceptable)
Tallahas sex City, State, and	FL 3230/ d Zip
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
12/14	(DECLUDED)
Registered Agent's Signatu	re (KEQUIKED)

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:

GR" = Manager GRM" = Managing Member	
KILM	Daniel Hernandez 9146 od woodville Re Tallahassee, FL 3230
<u>. </u>	
•	
e attachment if necessary)	
	te of filing: (OPTION becific and cannot be more than five business da
V: Effective date, if other than the dat ive date is listed, the date must be sp	

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.)

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)