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SECRETARY OF STATE

J. BRYAN
NOV 1 7 2009
EXAMINER

# **COVER LETTER**

Division of	f Corporations			
SUBJECT:		ppliances and Repair		
	Name of Lim	ited Liability Company		
The enclosed Article	es of Organization and fee(s) are	submitted for filing		
Please return all cor	respondence concerning this ma	tter to the following:		
	Λ	ndres Berdugo	<del></del>	
		Name of Person	9N	
	GBK A	ppliances and Repair	09 NOV 16 PM 2: 32 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORIC	
		Firm/Company	RY SEE	
	6476 Jewelfish Cay Avenue			
		Address	क्षेत्र ३	
,	Lake	e Worth, FL 33462	DE 10	
-		ity/State and Zip Code	<del></del>	
	gbk_a	pplrep@yahoo.com		
	E-mail address: (to be used	for future annual report notification)		
For further informat	ion concerning this matter, pleas	se call:		
	dres Berdugo	at ( 954 ) 623-7303		
Na	ame of Person	Area Code & Daytime Telephone Numb	Dei .	
Enclosed is a chec	k for the following amount:			
]\$125.00 Filing Fo	ce \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	(additional copy is enclosed) Certified	ite of Status &	
er n. y	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 Circle		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	es and Repair, LLC.  ited Liability Company, "int. L.C.," or "LLC.")	THE THE
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Lie	bulus (Tigos) P. III
_	of the principal office of the finited that	EN S.
Principal Office Address:	Mailing Address:	ORIE 32
6476 Jewelfish Cay Avenue	P.O. Box 6136	<b>y</b>
Lake Worth, FL 33462	Lake Worth, FL 33466	
		<del></del>

The name and the Florida street address of the registered agent are:

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:

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	
MGRM		Andres Berdugo 6476 Jewelfish Cay Avenue Lake Worth, FL 33462	OS NOV 16
			V 16 PM 2: 32 HASSEE, FLORID
(Use attachment	if necessary)		<del>P</del>
If an effective date is list o or 90 days after the da	ted, the date must be spote of filing.)	e of filing:eeific and cannot be more than five b	
<u>REQUIRED</u> SIC	A L	5	
	(In accordance with section	an authorized representative of a member 608,408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury true.)	
		ndres Berdugo	
Filing Fees:	Typed o	or printed name of signee	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)