

L10000016499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

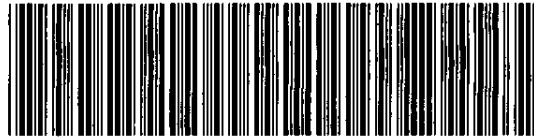
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/25/10--01031--001 **130.00

FILED
10 FEB 11 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 12 2010

EXAMINER

S. HAWKES

~~IAN 26 2010~~

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2010

BRIAN J LUNSFORD
5469 W LAKE BUTLER RD
WINDERMERE, FL 34786

SUBJECT: EXECUTIVE HOME SERVICES, LLC
Ref. Number: W10000004162

We have received your document for EXECUTIVE HOME SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00002197

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Home Services, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN J. Lunsford
Name of Person

Executive Home Services, LLC.
Firm/Company

5469 W. Lake Butler Rd.
Address

Windermere, FL 34786
City/State and Zip Code

BRIAN @ HOMESERVICE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN J. Lunsford at (407) 920-8155
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Harrison Dunn, LLC.

~~Executive Home Services, LLC.~~

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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10 FEB 11 PM 1:55
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

5469 W. Lake Butler Rd.
Windermere, FL 34786

Mailing Address:

SAME

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:

BRIAN J. LUNSFORD

Name

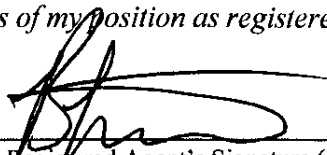
5469 W. Lake Butler Rd.

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

Windermere FL 34786

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..



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

MGRM

Name and Address:

BRIAN J. Lunsford
5469 W. Lake Butler Rd.
Windermer, FL 34786

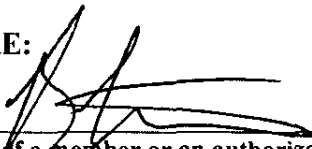
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Brian J. Lunsford

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)