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S. HAWKES
FEB 1 7 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Phe	PS Cleane Name of Limit	ng & Refair Sen ted Liability Company	ices, LLC,
The enclosed Articles of Orga	nization and fee(s) are	submitted for filing.	
Please return all corresponder	ace concerning this mat	tter to the following:	
	-April	M. Phelps Name of Person	
Pheops C		Repair Servi	Cor, LLC.
6429	Dallas A	Ve , Address	
april	-1 -	FL 32524  ty/State and Zip Code  OX 1 101  for future annual report notification)	
For further information conce			
April Pholps Name of Pers	on	at ( <u>850</u> ) <u>SOLO-</u> Area Code & Daytime Te	8965 Elephone Number
Enclosed is a check for the	following amount:		,
\$125.00 Filing Fee \$1 Ce	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)
	iling Address gistration Section	Street/Courier Addres Registration Section	<u>s</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE 1 - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 3959L 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: Florida street address (P.O. Box NOT acceptable) enta (0/9 FL 30526) 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..

Page 1 of 2 (CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Mana The name and address of each Mana	naging Member(s): ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	naging Member(s):  nger or Managing Member is as follows:  Name and Address:
mgRm	April M. Phelps 10429 Naylax Ave Pensar Dia Fi 325210
MGAM	Raymond A. Phelps 16429 Dallas Anel Henralola Fl 3252Lp
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL)  oe specific and cannot be more than five business day
REQUIRED SIGNATURE:	nelp8
(In accordance with se	ection 608.408(3). Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
Filing Fees:	m, PhelpS yped or printed name of signee
\$125.00 Filing Fee for Articles of Orga of Registered Agent	