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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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**FLORIDA LIMITED LIABILITY CO.**  
**fidelity remodeling and decorating company, llc.**

Certificate of Status	0
Certified Copy	1
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**COVER LETTER**

**TO: REGISTRATION SECTION - DIVISION OF CORPORATIONS**

**SUBJECT: NAME OF LLC: FIDELITY REMODELING AND DECORATING COMPANY, LLC.**

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

Please return all correspondence concerning this matter to the following:

**NAME OF PERSON: NATASHA D. MAYNE, ESQ.**

**FIRM/COMPANY: THE MAYNE LAW GROUP, P.A.**

**ADDRESS: The Crescent Building, 12555 Orange Drive, DAVIE, FL 33330**

**E-MAIL ADDRESS: (TO BE USED FOR FUTURE ANNUAL REPORT NOTIFICATION): IZETT R. SCOTT;  
iscott@sflarc.org**

For further information concerning this matter, please call: **NATASHA D. MAYNE, ESQ. at**  
**786.663.2911, NMAYNE@MAYNELAWGROUP.COM**

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) \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FIDELITY REMODELING AND DECORATING COMPANY, LLC.

**ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
2915 NW 87th Terrace Coral Springs, FL 33065	2915 NW 87th Terrace Coral Springs, FL 33065

**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:

Name: IZETT R. SCOTT

Florida street address (P.O. Box NOT acceptable): 2915 NW 87th Terrace, Coral Springs, FL 33065

*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)

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**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:
Manager	IZETT R. SCOTT 2915 NW 87th Terrace Coral Springs, FL 33065
Manager	ALBERT SCOTT 2915 NW 87th Terrace Coral Springs, FL 33065
Manager	VAUGHN HENRY 2915 NW 87th Terrace Coral Springs, FL 33065

**ARTICLE V – Effective date, if other than the date of filing: N/A (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:**

  
\_\_\_\_\_  
IZETT R. SCOTT

(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.)

**IZETT R. SCOTT**

Typed or Printed Name of Signee

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