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T. HAMPTON

SEP - 8 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			,
SUBJECT: BILL	S HOME A	CEPAIR LLC Liability Company	<u></u>
The enclosed Articles of C	rganization and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
BillBR	UNER	ame of Person	
BILL'S		PAIR LLC	
36021	ROBIN RO	Address	
TALLAH, Billythe	ASSEE, F./. Kid 195320020		·
For further information cor	E-mail address: (to be used for the common this matter, please ca	uturg annual réport notification) II:	
Bill BRUNEA	2 erson	(850) <u>556-</u> Area Code & Daytime Telep	2657
Enclosed is a check for the	ne 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 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITEI	LIABILITY COMPAN
ARTICLE I - Name: The name of the Limited Liability Compa Runch's	ny is:	
BILLE HOME REPAIR	Liability Company, "L.I.,C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the	Limited Liability Compar
Principal Office Address:	Mailing Address:	,
3602 ROBIN, RO.	BILL'S HOME	REPAIR L.L.C.
TALLAHASSEE, F1. 32305	TALLAHASSE	TE, F1. 32305
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registere Registered Agent. You must design	ed Agent's Signature: gnate an individual or another
The name and the Florida street address of Bill BRUNE 3602 ROBIN	the registered agent are: R Name	
	eet address (P.O. Box <u>NOT</u> acc	eptable)
TALLAHASSEE	FL 3236 ity, State, and Zip	25
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and complete accept the obligations of my position as	nd to accept service of proc d in this certificate, I hereh pacity. I further agree to c ete performance of my duti	y accept the appointment omply with the provisions es, and I am familiar with
	llia	10 S
Registered Agent's	Signature (REQUIRED)	SEP -8
(CC	ONTINUED)	885 885 885 885 885 885 885 885 885 885
-	Page 1 of 2	SEFLORID
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<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:
MERM		BILL BRUNGER 3602 ADBIN RO TA CLAHASSEE, FI- 32305
<u></u>		
	e date, if other than the listed, the date must b	e date of filing: <u>9-8-10</u> . (OPTIONAL) be specific and cannot be more than five business days p
ΓΙCLE V: Effective date is	re date, if other than the listed, the date must be date of filing.)	
ΓΙCLE V: Effectivn effective date is 190 days after the	re date, if other than the listed, the date must be date of filing.)	pe specific and cannot be more than five business days p
ΓΙCLE V: Effectivn effective date is 190 days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitution that the facts stated here.	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
ΓΙCLE V: Effectivn effective date is 190 days after the	Signature of a member of this document constitute that the facts stated here.	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury erein are true.)