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SECRETARY OF STATE

D. BRUCE

SEP 27 2010

EXAMINER

OVER LETTER

ťo:

Registration Section Division of Corporations

OMPLETE REMODEL AND RENOVATIONS LIMITED LIABILITY COMPANY

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: PAVID BLUNN COMPLETE REMODEL AND RENOVATIONS LIMITED LIABILITY COMPANY
Firm/Company WINHAWK WAY LUTZ, FL 33558 City/State and Zip Code BIG DAVE BLUNN D AOL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$125.00 Filing Fee □\$130.00 Filing Fee & ■\$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	·					
Complete (Mus	remodel an	nd renoval	hong limit	ed liabilit	ty compa	iny
(Mus	t end with the words "Li	mited Liability Co	mpany, "L.L.C.," or	"LLC.")	7—- /	
ARTICLE II - Add The mailing address		s of the princip	al office of the	Limited Liat	oility Compa	ny is:
Principal Office A	ddress:	Ma	ailing Address:	<u>:</u>		
5451 Will 1012, FL 3	1 hank way	<u>, </u>	5451 Wi lutz, FL	nhawk.	way	
1014 76 3	<i>J570</i>		1012,12			
ARTICLE III - Re (The Limited Liability Conbusiness entity with an ad	npany cannot serve as its	s own Registered A)
The name and the F	lorida street addres	ss of the regist	ered agent are:		PAS TAS	
	David	Blunn Name			ARY O	1
		Name			AM FE	IT
	5451 W	linhawk	way		STATE LORID,	O
•	Florida	a street address (P.O. Box NOT acc	ceptable)	A CO	
	lutz	FL	33558	?		
•		City, State, an	d 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)

Page 1 of 2



ARTICLE I - Name:

The name of the Limited Liability Company is:

TP:AL.	-	0.4	
<u>Title:</u> "MGR" = Manag	ger	Name and Address:	
"MGRM" = Man		•	
MGR		DAVID BLUNN	
		5451 WINHAWK WAY	
		LUTZ, FL 33558	
MGRM		OSCAR MART	FIAL
1.601		OSCAR MART	O STREET
		TAMPA FL 3361	<u>'2</u>
			•
,			
	_		
(Ùse attachment	if necessary)		
ADDICK DEL DO		e of filing: 9- 23-10	
		e of filing:	
to or 90 days after the da	ited, the date must be sp ite of filing.)	ecinc and cannot be more than five	business days prior
	Ξ,		
REQUIRED SIG	CNATURE.		\mathbf{S}_{cr}
May Gillar		4	10 S
	(h)	1 Phone	要ですり
	Signature of a member or	an authorized representative of a member	J.R.Y
		608.408(3), Florida Statutes, the execution	
	of this document constitutes	s an affirmation under the penalties of perju	iry se 📆 📆 📆
	that the facts stated herein :		35 35 35
	Typed	SLUNN or printed name of signee	_
Filing Fees:			
ring rees:			

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)