## L1000009771

(Requestor's	Name)
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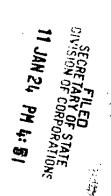
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**EXAMINER** 



## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01-24-2011

NAME:

GARAGE DOOR REFACING SOLUTIONS, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

**COST:** \$125

**RETURN:** 

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

absidell

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
GARAGE DOOR	REFACING SOLUTIONS CLC ited Liability Company, "LLC." or "LLC.")
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Con
Principal Office Address:	Mailing Address:
5021 S. State Ad 7 # 405	10187 Garden Ridge Ct
Davie Fi 73714	Davie Fe 33328
·	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or anothe
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:  I Einbinde  Name  Lidge Court  street address (P.O. Box NOT acceptable)  FL 37128
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address  Lawrence  //987 Gara Florida  Dayre	of the registered agent are:  I Einbinde  Name  Lidge Court  street address (P.O. Box NOT acceptable)  PL 37128  City, State, and Zip
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address  Lawrence  //987 Gara Florida  Dayre  Having been named as registered agent liability company at the place design	of the registered agent are:  I Einbinde  Name  Lage Court  street address (P.O. Box NOT acceptable)  FL 37328  City, State, and Zip  and to accept service of process for the above state ated in this certificate, I hereby accept the appointment
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address  Lawrence  10987 Gara  Florida  Davie  Having been named as registered agent liability company at the place design registered agent and agree to act in this	of the registered agent are:    Teinbinde     Name     Street address (P.O. Box NOT acceptable)     City, State, and Zip     and to accept service of process for the above state ated in this certificate, I hereby accept the appointment capacity. I further agree to comply with the provisi
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address  Lawrence  //987 Gara  Florida  Dayre  Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	of the registered agent are:  I Einbinde  Name  Lage Court  street address (P.O. Box NOT acceptable)  FL 37328  City, State, and Zip  and to accept service of process for the above state ated in this certificate, I hereby accept the appointment

(CONTINUED)

Page 1 of 2

## 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" = Managing Member

10987 Garden Andy CT
Dayre FC 33528

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree/felony as provided for in s.817.155, F.S.)

constitutes a third degree relating as provided for in s.a17.135, F.S.)

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)