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(Document Number)
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JUN - 7 2011

EXAMINER



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SECUEDIATE SECUEDIATION - 6 AN IO: 44



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2011

NATALIE S BOODY 818 NW RIDGEWOOD RD DUNNELLON, FL 34431

SUBJECT: PROPERTY SHIELD FLORIDA, LLC

Ref. Number: W11000028822

We have received your document for PROPERTY SHIELD FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L10000050941.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II.

Letter Number: 011A00012950

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
annam Droner	ty Shield Florida, LL0		
SORTECL: Linber		ed Liability Company	
	rame of Billio	ou blueling company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Natalie S. B	oody		
		Name of Person	
Property Sh	ield Florida, LLC.		
		Firm/Company	
818 NW Rid	gewood Road		
		Address	
Dunnellon, F	FL. 34431		·
.	Cit	y/State and Zip Code	
Natalie@pro	pertyshieldflorida.com		
	E-mail address: (to be used f	or future annual report notification)	
For further information	concerning this matter, please	e call:	
Natalie S. Boody		at (352) 362-104	5
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	y:	
Premier Home Restaration		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
818 NW Ridgewood Road	818 NW Ridgewood Road	
Dunnellon, FL. 34431	Dunnellon, FL. 34431	***************************************
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individ	ual or another
Natalie S. Boody		JUN-6
Name	•	ASS
818 NW Ridgewood F	Me z M	
Florida street ad	Idress (P.O. Box NOT acceptable)	AMIO: 44
Dunnellon City, S	FL 34431 tate, and Zip	F STATE A
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	this certificate, I hereby accept the ty. I further agree to comply with t erformance of my duties, and I am	appointment as the provisions of all familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

"MGR" = M	lanager	Name and Address:
	Managing Member	
MGRM		Natalie S. Boody
		818 NW Ridgewood Road
		Dunnellon, FL. 34431
4		
Tice attachn	ent if nacassary)	
LE V: Effec fective date	is listed, the date must	ne date of filing: (OPTIONAle specific and cannot be more than five business day
LE V: Effec fective date days after th	tive date, if other than th	ne date of filing: (OPTIONA be specific and cannot be more than five business day
LE V: Effec fective date days after th	tive date, if other than the is listed, the date must he date of filing.) SIGNATURE: Natalia 2	be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day
LE V: Effec fective date days after th	tive date, if other than the is listed, the date must he date of filing.) SIGNATURE: Signature of a memical content of the c	be specific and cannot be more than five business day ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

gradient state of

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