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PICK-UP WAIT MAIL				
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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Ken Walter Custon Home Repairs					
	Name of Limit	ed Liability Co	mpany		
The enclosed Articles	of Organization and fee(s) are	submitted for fi	iling.		
Please return all corre	spondence concerning this mat	ter to the follow	/ing:		
Ken Wa	alter	<u> </u>			
		Name of Person	ı		
Ken Wa	alter Custon Hor		airs		
		Firm/Company			
1516 F	ox Creek Dr.				
		Address			
Sarasota	FI. 34240				
		y/State and Zip C	Code	. <u> </u>	
kenwalte	r2010@gmail.com	<u> </u>			
	E-mail address: (to be used to		report nouncation	n)	
For further information	n concerning this matter, please	e call:			
Ken Walter		_{at (} 941	302-35	585	
Name of Person Area Code & Daytime Telephone Number		Felephone Number			
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy 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	Regist Divisi Clifto 2661	t/Courier Addr tration Section ion of Corporati n Building Executive Centers	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Ken Walter Custon Home Repairs LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
1516 Fox Creek Dr.	1516 Fox Creek Dr.
Sarasota Fl. 34240	Sarasota Fl. 34240

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

15-16 FOX CREEK M.

Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34240

City, State, and 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Ken Walter	
WOK	1516 Fox Creek Dr.	
	Sarasota Fl. 34240	
	-	
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
ARTICLE V: Effective date, if other that	in the date of filing:	(OPTIONAL)
(If an effective date is listed, the date m	ust be specific and cannot be more	than five business days prior
to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE.		
		_
	-Misson	
Signature of a n	iember 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.)

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)

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