

L110000098164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

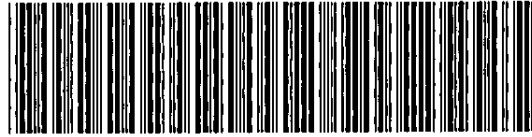
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 26 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restoration Network, LLC.
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:

Elouise M. James
Name of Person

—
Firm/Company

103 Federal DRIVE
Address

Sneads, Fla. 32460
City/State and Zip Code

Kandejames@embargmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Elouise M. James at (850) 718-1514
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Restoration Network, 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:

8550 Donald Rd.
Sneads, FL 32460

Mailing Address:

103 Federal Dr.
Sneads, FL 32460

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:

Elouise M. James

Name

103 Federal Drive

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

Sneads FL 32460

City, State, and Zip

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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..

Elouise M. James
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

MGR

Elouise M. James
103 Federal Drive
Sneads, FL 32460

MGRM

TONY D. MARLOW
3058 Currywoods Dr.
Orlando, Fla. 32822

MGRM

Cher T. Marlow
8028 Yellow Moon Dr.
Tallahassee, FL 32460

MGRmember

Jackie Pender
4254 Century Rd.
Greenwood, FL 32443

(Use attachment if necessary) - see attachment

ARTICLE V: Effective date, if other than the date of filing: NA (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:

Elouise M. James
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.)

Elouise M. JAMES
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)

RESTORATION NETWORK, LLC.

ATTACHMENT

ARTICLE IV

Title:

Name and Address

MGRMember

Christine Dawson
122 Wood Drive
Dothan, Ala. 36301

End of attachment.

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