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SECRETARY OF STATI

J. BRYAN

SEP 1 9 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Matthen Ryan Dye Name of Person Region To The Region To T
•	Firm/Company
	4088-A Brewster rd
	TOTAL
<u>.</u>	Tallahasser FL 32308 City/State and Zip Code Matthe Ryan Construction agrail, com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person at (850) 210-7577 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee}} \text{\$\text{\$155.00 Filing Fee}} & \$\text{\$\text{\$\$160.00 Filing Fee}}, \ \text{\$\text{Certified Copy}} & \text{\$\text{(additional copy is enclosed)}} \end{additional copy is enclosed}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
Matthew Ren Remodeling 3 Repair L L C (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:
AUGG-A Brenster rd. Tallahussee FL 37708
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:
Matthew Oye
Name
Florida street address (P.O. Box NOT acceptable)
Tall FL 32308 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
1116/VV/
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Matthew Dye 4068-It Branster Id. Tall., FL., 77.309
	e date of filing: (OPTIONA)
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: (OPTIONAl ne specific and cannot be more than five business days
ffective date is listed, the date must b	e date of filing: (OPTIONA) se specific and cannot be more than five business days
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	e date of filing: (OPTIONAl be specific and cannot be more than five business days er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document

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)