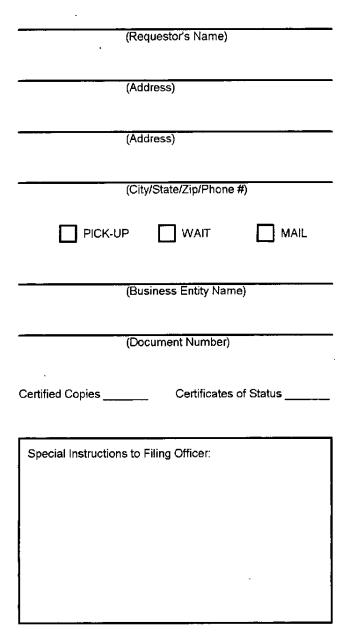
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B. BOSTICK
OCT 2 8 2011

**EXAMINER** 

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

<sub>sur iscr</sub> . Bryan	Moats Home Imp	provement Co.,L.	LC		
30b3EC1		ed Liability Company			
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.			
Please return all correspo	ondence concerning this matte	er to the following:			
Bryan Mo	ats			· · · · · · · · · · · · · · · · · · ·	
		Name of Person			
bryan moa	ats home improv	ement co Ilc			
***************************************		Firm/Company			
2908 24th	st w				
<del>- ,</del>		Address		22 =	
bradenton f	1 34205			OCT AH	11
	City	//State and Zip Code		27	
bwmoats@n				[T]	- 11
		or future annual report notification	on)	FLC III:	
For further information of	oncerning this matter, please	call:		) PRE 53	
bryan moats		at (941 ) 524-79	40	Þ	
Name o	f 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	) Certified C	of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addi Registration Section Division of Corpora Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
bryan moats home impre	ovement co.,LLC.		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2908 24th st w	2908 24th st w		
bradenton fl 34205	bradenton fl 34205		

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:

bradenton fl 34205

bryan moa	ats	***************************************		
	Name	A SE		
2908 24	th st w		007	racina
-	Florida street address (P.O. Box NOT acceptable)	59 ·	<b>N</b>	1700EE
bradenton	<sub>FL</sub> 34205	(17) (17) (17)	)	
· · · · · · · · · · · · · · · · · · ·	City, State, and Zip	77.0		i is intraca: ispygyd

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)

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

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

"MGRM" = Managing Member	
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(Use attachment if necessary)	
•	
LE V: Effective date, if other than the	ne date of filing: (OPTION
LE V: Effective date, if other than the fective date is listed, the date must	ne date of filing: (OPTION be specific and cannot be more than five business de
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memi	be specific and cannot be more than five business dependence of a member.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	be specific and cannot be more than five business deper of an authorized representative of a member.  28.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memil (In accordance with section 60 constitutes an affirmation und I am aware that any false info	be specific and cannot be more than five business depends an authorized representative of a member.  28.408(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)