

L11000141069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

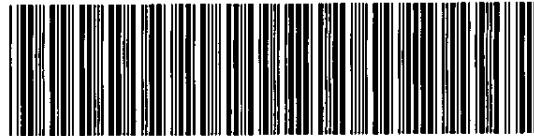
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Note: Effective  
Date 1-1-12

Office Use Only



400215097534

12/16/11--01004--009 \*\*160.00

EFFECTIVE DATE  
01/01/12

RECEIVED  
TO ALLIANCE  
SUFFICIENCY OF FILING

2011 DEC 16 AM 9:01

RECEIVED  
SECRETARY OF STATE  
HALL OF RECORDS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 16 AM 9:08

FILED

N. Culligan DEC 16 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Howell Appliance Repair, 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:

James M. Howell

Name of Person

Howell Appliance Repair, LLC

Firm/Company

1065 Green Hill Trace

Address

Tallahassee, FL 32317

City/State and Zip Code

MaryHowell56@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Howell

Name of Person

at ( 850 ) 878-5315

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:

Howell Appliance Repair, 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:

1065 Green Hill Trace  
Tallahassee, FL 32317

#### Mailing Address:

1065 Green Hill Trace  
Tallahassee, FL 32317

### 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:

James M. Howell

Name

1065 Green Hill Trace

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

Tallahassee FL 32317

City, State, and Zip

FILED  
11 DEC 16 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

James M. Howell  
1065 Green Hill Trace  
Tallahassee, FL 32317

MGRM

Mary M. Howell  
1065 Green Hill Trace  
Tallahassee, FL 32317

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2012 (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:**

  
\_\_\_\_\_  
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.)

James M. Howell

Typed or printed name of signee

**FILED**  
11 DEC 16 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**