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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO:	Registration Se Division of Co			
SURJEC	CT. Afford	lable Roof Re	pairs, LLC	· ·•
			ted Liability Compa	
The encl	losed Articles of	Organization and fee(s) are	submitted for filing	3.
Please re	eturn all correspo	ondence concerning this mat	tter to the following	:
<u>(</u>	Christopl	ner Harris	Name of Person	
			Traine of Farion	
			Firm/Company	
:	236 6th	Avenue North	Apartmen	t A
_			Address	
s	aint Peters	burg, Florida 3370	01	
			ty/State and Zip Code	
<u> jr</u>	ecord5/@	yahoo.com E-mail address: (to be used	for future annual repo	rt notification)
For furth	er information c	oncerning this matter, pleas	•	,
Christ	opher Har	ris	_{at (} 813	748-8100
-	Name o	f Person		& Daytime Telephone Number
Enclose	d is a check for	the following amount:		
▼ \$125.00 I	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Execution	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Affordable Roof 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:

236 6th Avenue North

Saint Petersburg, Florida 33701

236 6th Avenue North Saint Petersburg, Florida 33701

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:

Christopher Harris

Name

236 6th Avenue North Apartment A

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

Saint Petersburg

FL 33701 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

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

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGR	John J Record
	inort .	236 6th Avenue North Apartment A
		Saint Petersburg, Florida 33701
	MGR	Michael Martino
		249 4th Avenue North Unit 20
		Saint Petersburg, Florida 33701
	(Use attachment if necessary)	
(If ar		date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
	50 days after the date of thing.)	
	REQUIRED SIGNATURE:	r or an authorized representative of a member.

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)