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EXAMINER



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SECRETARY OF STATE AND OF CORPORATIONS

COVER LETTER

	on Section f Corporations		·
SUBJECT: Arri	ington's Home Repa	air LLC	
Soldie 1.		ed Liability Company	
The enclosed Articl	les of Organization and fee(s) are s	submitted for filing.	
Please return all con	rrespondence concerning this matt	er to the following:	
Mark J	. Arrington		12 JAN 26 MM 8: 05
		Name of Person	<u> </u>
Arringt	on's Home Repair L	.LC	126
		Firm/Company	
1867 I	ris Lane		Q ,
		Address	05
Navarre	, FL 32566		
	·	/State and Zip Code	
Arringma	ark@yahoo.com E-mail address: (to be used f	or future annual report notification)	
For further informa	tion concerning this matter, please	•	
Mark J Arring	ton	at (850 723-0232	
N	ame of Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	ck 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 Corporation Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
Arrington's Home Repair L	ny is:
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	G
The mailing address and street address of t	he principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
1867 Iris Lane	1867 Iris Lane
Navarre, FL 32566	Navarre, FL 32566
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Mark J. Arrington	
	Name
1867 Iris Lane	•
Florida stre	eet address (P.O. Box NOT acceptable)
Navarre	_{FL} 32566
Ci	ity, State, and Zip
liability company at the place designate	nd to accept service of process for the above stated limite d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a

ed 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.

(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	Name and Address:
"MGRM" = Managing Member	
MGRM	Mark J. Arrington
	1867 Iris Lane
	Navarre, FL 32566
(Use attachment if necessary)	
	an the date of filing: (OPTIONAl ust be specific and cannot be more than five business day
•	
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.)

Mark J. Arrington

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)