| (Re                     | questor's Name)   | <del> </del> |
|-------------------------|-------------------|--------------|
| (Ad                     | dress)            |              |
| (Ad                     | dress)            |              |
| (Cit                    | y/State/Zip/Phon  | e #)         |
| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bu                     | siness Entity Nar | me)          |
| (Do                     | cument Number)    |              |
| Certified Copies        | _ Certificate:    | s of Status  |
| Special Instructions to | Filing Officer:   |              |
|                         |                   |              |
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|                         |                   |              |

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J. SAULSBERRY EXAMINER

1 2012

# **COVER LETTER**

| TO: Registration Secti                    |   |  |   |  |
|---|---|--|---|--|
| SUBJECT: SEBAS                            | TIAN HOME IM  | PROVEMENTS LLO   |   |  |
| Name of Limited Liability Company         |   |  |   |  |
| The enclosed Articles of Or               | ganization and fee(s) are s   | ubmitted for filing.   |   |  |
| Please return all correspond              | ence concerning this matte  | er to the following:   |   |  |
| SEBASTIA                                  | N DOBROWO   | LSKI   |   |  |
|   |   | Name of Person   |   |  |
|   |   |  |   |  |
| *   |   | Firm/Company   | 7A.0 28   |  |
| 300 Sheoah                                | n Blvd. #601  |  | 2012 JAN 30<br>SECRETARY<br>ALLAHASSEI  |  |
|   |   | Address  | HAS: W  |  |
| Winter Spring                             | ıs, Florida 32708   |  |   |  |
|   |   | /State and Zip Code  | T <sub>S</sub> =  |  |
| sebastiandob@                             |   |  | AM 8: 22<br>OF STATE<br>FLORIDI   |  |
|   | E-mail address: (to be used for   | or future annual report notification)  | <b>7</b>  |  |
| For further information cond              | cerning this matter, please   | call:  |   |  |
| Sebastian Dobrowo                         | olski   | at ( 407 ) 580-1772  |   |  |
| Name of Pe                                | erson   | Area Code & Daytime Telepl   | hone Number   |  |
| Enclosed is a check for th                | e following amount:   |  |   |  |
| <b>✓</b> \$125.00 Filing Fee  \$\square\$ | 130.00 Filing Fee &<br>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) |  |
| R<br>D<br>P                               | Aailing Address Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | rcle  |  |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# SEBASTIAN HOME IMPROVEMENTS 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  | <u>s:</u>  | Mailing Address:   |               |                   |         |
|---|--|--|---------------|-------------------|---------|
| 300 Sheoah Blvd. #601<br>Winter Springs, Florida 32   | 2708   | 300 Sheoah Blvd. #601<br>Winter Springs, Florida 3270                                  | 08            |                   |         |
| (The Limited Liability Company of business entity with an active Florida The name and the Florida | cannot serve as its own Registe orida registration.) | Office, & Registered Agent' red Agent. You must designate an indiregistered agent are: |               |                   |         |
| 300   | Sheoah Blvd.   | #601   | TATE<br>ORIOA | <del>ئ</del><br>ئ | الريبية |
|   | , Florida street addr                                | ess (P.O. Box NOT acceptable)  | Ϋ́            | 2                 |         |
| Winter  | Springs, Florida 32708                               | FL   |               |                   |         |
|   | City, Stat   | e, 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)

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

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

| MGRM                          | Sebastian Dobrowolski  |  |
|-------------------------------|--|--|
|                               | 300 Sheoah Blvd. #601  |  |
|                               | Winter Springs, Florida 32708  |  |
|                               |  |  |
|                               | Ac Z   |  |
|                               | SECRE  |  |
|                               | <u> </u>   |  |
|                               | <u></u>  |  |
|                               |  |  |
|                               | ري نيون<br>( )   |  |
| <del></del>                   | - ORI S  |  |
|                               |  |  |
| (Use attachment if necessary) |  |  |
|                               |  |  |
|                               | the date of filing: (OPTION<br>st be specific and cannot be more than five business da |  |

# **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.)

## SEBASTIAN DOBROWOLSKI

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)