

L12000026395

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000048138 3)))



H120000481383ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FILED
2012 FEB 23 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Nalled Renovations, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C. LEWIS
FEB 24 2012
EXAMINER

RECEIVED
12 FEB 23 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000048138 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

FILED
2012 FEB 23 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

NAILED RENOVATIONS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

133 SEABREEZE CIRCLE
KISSIMMEE, FLORIDA 34743

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

JAMES ROBERTS
133 SEABREEZE CIRCLE
KISSIMMEE, FLORIDA 34743

Having been named as registered agent 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.

x 
JAMES ROBERTS / Registered Agent's signature

H12000048138 3

H12000048138 3

PAGE 2 NAILED RENOVATIONS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

DEBBIE CZOKA

133 SEABREEZE CIRCLE

KISSIMMEE, FLORIDA 34743

MANAGING MEMBER

JAMES ROBERTS

133 SEABREEZE CIRCLE

KISSIMMEE, FLORIDA 34743

FILED
2012 FEB 23 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....
X Debbie Czoka

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.

DEBBIE CZOKA

H12000048138 3