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D. BRUCE.

JUL 0 2 2012

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Home Repair Expert of NW Florida, 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:	
Christopher Johnson	
Name of Person	
·	
Firm/Company	
1579 Bell Creek Road	
Address	
Jay, Florida 32565 ⋛	: 75
City/State and Zip Code	<u>ي</u>
homerepairexpert@rocketmail.com	
E-mail address: (to be used for future annual report notification)	Co ;
For further information concerning this matter, please call:	H
Chris Johnson at (850 994-5783	<u>)</u> 2:42
Name of Person Area Code & Daytime Telephone Number ➤	1/3
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$155.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status (additional copy is enclosed)	us &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:
Home Repair Expert of NV	·
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1579 Bell Creek Road	1579 Bell Creek Road
Jay, Florida 32565	Jay, Florida 32565
business entity with an active Florida registration.) The name and the Florida street address of Christopher Johnson 1579 Bell Cree	on Name PA
	eet address (P.O. Box NOT acceptable)
Jay,	FL 02000
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	ity, State, and Zip and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
, ,	
MGR	Christopher Johnson
	1579 Bell Creek Road
	Jay, Florida 32565
	
	
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(Here was also and 'for a second)	
(Use attachment if necessary)	
	a data of filing: (OPTIONAL)
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CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	be specific and cannot be more than five business days por or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true?
CLE V: Effective date, if other than the ffective date is listed, the date must led days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	be specific and cannot be more than five business days p
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	be specific and cannot be more than five business days per or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true? Transition submitted in a document to the Department of State.

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)