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| Special Instructions to | Filing Officer: | |
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Office Use Only

B. KOHR

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EXAMINER



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2012

SHAWN RIZZO 3005 SARAH DRIVE CLEARWATER, FL 33759

SUBJECT: RESIDENTIAL RENOVATIONS, LLC

Ref. Number: W12000040189



We have received your document for RESIDENTIAL RENOVATIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is RESIDENTIAL RENOVATION CO, INC -- Doc. Number P98000003199.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 012A00020018



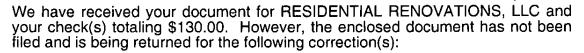
FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2012

SHAWN RIZZO 3005 SARAH DRIVE CLEARWATER, FL 33759

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Ref. Number: W12000040189



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Buck Kohr Regulatory Specialist II

Letter Number: 012A00020018

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

LEG STATES

COVER LETTER

| TO: Registration Section |
|--|
| Division of Corporations Affordable Residential Renovations, LCC SUBJECT: Residential Renovations, total 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: Shawa Rizzo |
| SUBJECT: Residential Removations tot |
| 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: |
| |
| Shawn Rizzo Name of Person |
| Name of Person |
| |
| Firm/Company |
| 2 |
| 3005 SArah Dr Address |
| Audiess |
| Clearwater, FL 33759 City/State and Zip Code |
| City/State and Zip Code |
| Shawar: 220 Dyahou. com E-mail address: (to be used for future annual report hotification) |
| E-mail address: (to be used for future annual report hotification) |
| For further information concerning this matter, please call: |
| |
| Shawn R:220 at (727) 366-4668 Name of Person Area Code & Daytime Telephone Number |
| Name of Follows And South to Assystance Companies Name |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, |
| Certificate of Status Certified Copy Certificate of Status & |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| (auditional copy is envised) |
| Mailing Address Street/Courier Address |
| Registration Section Registration Section |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY |
|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: Affordable Residential Renovations LCC |
| The name of the Limited Liability Company is: |
| Affordable Residential Renovations LLC 30 |
| Providence of the second of th |
| Affordable Residential Renovations, LLC Confidential Renovations, |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 3005 SArah Dr SAme |
| Clearwater, FL 33759 |
| 33759 |
| 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: |
| Shawn Rizzo |
| Name |
| 3005 SArah Dr |
| Florida street address (P.O. Box <u>NOT</u> acceptable) |
| Clearwater FL 33759 City, State, and Zip |
| 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 |
| IL Ri |
| 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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| m GR | Shawn Rizzo 3005 Sarah Dr Clearwater, FC 33759 |
| · | |
| | |
| - | |
| (Use attachment if necessary) | |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) | he date of filing: (OPTIONAL be specific and cannot be more than five business days |
| | |

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.)

Shawa Rizzo
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)