L12000/10682

(Re	questor's Name)	
(Ad	dress)	·
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(Do	cument Number)	···
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SECRETARY OF STATE

AUG 28 PM 4: 01

J. BRYAN

AUG 28 2012

EXAMINER

COVER LETTER

TO: Registration of	n Section Corporations	·		
SUBJECT:	ig Bend Gal Name of Limited Li	Tage Door ability Company	Services, U	د
The enclosed Article	s of Organization and fee(s) are subm	nitted for filing.		
Please return all corr	espondence concerning this matter to	the following:		
Da	vid A. Fairela	e of Person		
Big	Bend Garag		ervices	
PO	Rox 14807	n/Company	<u> </u>	
		Address	F 2	
Tall	ghassee, FL	32317	328 HAS	SINGE COM
dav	/ City/Sta	te and Zip Code OOTS, COM ture annual report notification)	SET. T	T U
For further informat	E-mail address: (to be used for fu on concerning this matter, please call		ORNO	
David,	Faire 10+h at at at a me of Person	Area Code & Daytime Telep	ohone Number	
Enclosed is a chec	k for the following amount:			
]\$125.00 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Garage Door Services LLC
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:

Mailing Address:

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:

David A. Faircloth

Florida street address (P.O. Box NOT acceptable)

Montizello, F4t 32344

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	David Faircloth PO Box DO 14807 Tallahassee, FL 32317
	628 PM 4:
(Use attachment if necessary)	og e
TICLE V: Effective date, if other than the on effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	

(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.)

Signature of a member of an authorized representative of a member.

David A. Fair cloth
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)