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SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP - 7 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	· .
SUBJECT: Southwest Florida Hor	ne Repair & Remodel
Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Thomas F. Warmbier	
	Name of Person
	Firm/Company
564 Boundary Blvd.	•
	Address
Rotonda West, Florida 33947	,
	y/State and Zip Code
Labier2@comcast.net	for future annual report notification)
For further information concerning this matter, please	•
-	
Thomas F. Warmbier	at (941) 697-5226
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$\ \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(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 Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TICL	E I	- N	me

The name of the Limited Liability Company is:

Southwest Florida Home Repair & Remodel 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:

Frincipal Office Address:	Maning Address:
564 Boundary Blvd.	564 Boundary Blvd.
Rotonda West, FL 33947	Rotonda West, FL 33947

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:

Thomas F. Warmb	oier
	Name
564 Boundary	Blvd.
Florida str	reet address (P.O. Box NOT acceptable)
Rotonda West	_{FL} 33947
	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)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

MGRM	Thomas F. Warmbier	
	564 Boundary Blvd.	
	Rotonda West, FL 33947	
		
		
Use attachment if necessary)		
•		
.E.V: Effective date, if other than th	e date of filing:	. (OPTION

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.)

Thomas F. Warmbier

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)