# L12000119326

(Re	equestor's Name)	· · · · · ·
(Ac	ldress)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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B. BOSTICK
SEP 1 8 2012
EXAMINER

# **COVER LETTER**

TO: Registration Se Division of Cor		•		₹ -		
<sub>SUBJECT:</sub> Florida	Restoration an	d Mo	ld Remediati	ion LLC.		
	Name of Limit	ted Liabi	lity Company			
	Organization and fee(s) are		-			
<u>Jerome G</u>	ibbemeyer	Name of	Person			<del></del>
Florida Re	estoration and M			LLC.		•
12430 We	st Dixie Highway	Firm/Co	mpany			
12430 ***	3t Dixie Highway	Add	ress		<del>,,</del>	
North Miar	ni, Florida 33161				TALL)	12 S
jerry.frcpro(	@gmail.com		d Zip Code		\$. \$2 \$4.	12 SEP 17 PH
For further information co	E-mail address: (to be used oncerning this matter, pleas		annual report notification	on)		PH 2:59
Jerome Gil		_ at (	305 733-47 Area Code & Daytime	····		59
Enclosed is a check for \$125.00 Filing Fee	the following amount:	Cer	5.00 Filing Fee & tified Copy is enclosed	S160.00 Certifica	Filing F te of Stat l Copy	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Florida Restoration and Mold  (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2430 West Dixie Highway	Same
North Miami, Florida 33161	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration Jerome Gibbemeyer	tered Agent. You must designate an individual or another
Name	
14dille	

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..

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

city, State, and Zip

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

101 N.E. 151st Street

North Miami Beach

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

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

MGRM	Jerome Gibberneyer
	101 N.E. 151st Street
	North Miami Beach, FL 33162
	12 S
	TO
	12.7
	<u> </u>
	<u> </u>
Use attachment if necessary)	<u> </u>
Use attachment if necessary)  LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	-5>
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIO
E V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	e date of filing: (OPTIO be specific and cannot be more than five business.

### 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)