# L12000122965

(Re	questor's Name)	
	•	
(Ad	dress)	
(Ad	dress)	<del>.</del>
. (	,	
(0)	10. 1-77. (0)	- 40
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
•	,	,
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	i iling Officer.	





300239878343

09/25/12--01013--018 \*\*130.00

DIVISION OF AM 8: 32

SEP 2 6 2012 T. **HAMPTON** 

## **COVER LETTER**

*(*,

TO:	Registratio Division of	n Section Corporations		
SUBJE	CT: Corl	by Home Services,	L.L.C.	
		Name of Limit	ed Liability Company	
The enc	losed Article	s of Organization and fee(s) are	submitted for filing.	
Please r	eturn ail corr	espondence concerning this matt	ter to the following:	
			-	
	Donald	H. Corby		
			Name of Person	
_	Corby F	lome Services, L.L		
			Firm/Company	
	625 23r	d Place S.W.		
			Address	4
V	/ero Bea	ich, Florida 32962		
_			y/State and Zip Code	
r	corby@b	ellsouth.net		
		E-mail address: (to be used t	or future annual report notification)	
For furt	her information	on concerning this matter, please	e call:	
Dona	ld H. Corl	by	at (772 ) 643-7219	
	Nar	ne of Person	Area Code & Daytime Telep	phone Number
Enclose	ed is a check	for the following amount:		
\$125.00	Filing Fee	\$130.00 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	ircle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CI	Æ	Ĩ.	Nam	e:

۱.,

The name of the Limited Liability Company is:

## Corby Home Services, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

Principal Office Address.

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address

Frincipal Office Address:	Walning Address:
625 23rd Place S.W.	625 23rd Place S.W.
Vero Beach, Florida 32962	Vero Beach, Florida 32962

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:

Donald H. Corby	
<u></u>	Name
625 23rd Plac	e S.W.
Florida str	reet address (P.O. Box NOT acceptable)
Vero Beach	<sub>FL</sub> 32962
C	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

DIVISION OF CORPORATIONS

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Men	nber	
MGR	Donald H. Corby	
	625 23rd Place S.W.	
	Vero Beach, Florida 32962	
MGRM	Kimberly E. Corby	
	625 23rd Place S.W.	
	Vero Beach, Florida 32962	
	•	۱A
LE V: Effective date, if other	er than the date of filing: (OPTIO) te must be specific and cannot be more than five business of	۷A lay
LE V: Effective date, if other fective date is listed, the da days after the date of filing	er than the date of filing: (OPTION te must be specific and cannot be more than five business of the control of the c	√A lay
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURI	er than the date of filing: (OPTION te must be specific and cannot be more than five business of the control of the c	VA lay
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of the date of filing accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTION to must be specific and cannot be more than five business of the company of the c	NA lay
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any constitutes a third december of the constitutes of the constitutes and film I am aware that any constitutes a third december of the constitutes at third december of the constitutes at third december of the constitutes at	te must be specific and cannot be more than five business of a member or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State	NA lay
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any constitutes a third decordance with disconstitutes and film I am aware that any constitutes a third decordance with constitutes a third decordance.	te must be specific and cannot be more than five business of the must be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of a member or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)	lay
ffective date is listed, the da days after the date of filing  REQUIRED SIGNATURE  Signature of the date of filing  (In accordance with constitutes an affirm I am aware that any constitutes a third decordance is a signature of the day of the	er than the date of filing:	lay
EV: Effective date, if other sective date is listed, the date days after the date of filing REQUIRED SIGNATURE  Signature of the constitutes an affirm I am aware that any constitutes a third dependent of the constitutes of the constitute of the constitutes of the constitute of the cons	E:  Copy  Typed or printed name of signee  (OPTION  (OPTI	lay

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)