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SEUNI MASSEE FLORIE

J. BRYAN

OCT 1 2 2012

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations	•	
SUBJECT:	Zilmose H Name of Limited L	rone Repair	ir LLC
The enclosed Articles	s of Organization and fee(s) are subr	nitted for filing.	
Please return all corre	espondence concerning this matter to	the following:	است. العلم (۱)
S	teven 6:1	more	FE 28 7
-	G:Imore Fin	Heme Repa	1 LLETTLORES
	2325 7	ommy lack.	ey Rd Pr
0	Tall. Fl. City/Str	32360 Atte and Zip Code Atture annual report notification)	
For further information	on concerning this matter, please cal		
Ornis Nam	P: Huan at ne of Person	(850) 559 - Area Code & Daytime Tele	2299 phone Number
Enclosed 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	•

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		TO THE STATE OF TH
(Must end with the words "Limited Liability ARTICLE II - Address:	, , , ,	2.06 M
The mailing address and street address of the prin		iability Company is:
Principal Office Address:	Mailing Address:	
2325 Tommy lackey Rd. Tall. Pl. 32310	Same	······································
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the reg	gistered agent are:	
Steven G.	Imore	
	ess (P.O. Box <u>NOT</u> acceptable)	
Tall.	FL 323/0	
City, State	e, and Zip	
Having heen named as registered agent and to ac	ecent service of process for the	e ahove stated limited

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)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MERM	Steven Gilmore
17.070.1	2335 Tommer lacker 1 Act.
	Tall, F1. 32310
.44	0 011
MGRM	Vennis Pittman
	1476 Silver Lake rd
	Tallahessee fl 3230
	Prince
	
	75
(Use attachment if necessary)	OR :
(Coo atmosment is nocessury)	
LE V: Effective date, if other than th	c date of filing: (OPTIONA
ffective date is listed, the date must	be specific and cannot be more than five business da
days after the date of filing.)	
REQUIRED SIGNATURE:	
DIGITAL DIGITA	-1-1
~ /	(/2 -//

Steven Gilmore
Typed or printed name of signee

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

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)

(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.)