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



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SECRETARY OF GRADEN

C. LEWIS

DEC 1 8 2012

EXAMINER

(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Ken's Home Repair LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

r lease return an corresp	ondence concerning this matt	er to the following	,.	
Noah M	lattson			
		Name of Person		
Ken's H	lome Repair L	LC		
		Firm/Company		
3269 C	ardinal Ln			
		Address		
Middleb	ourg, Fl. 3206	8		
	Cit	y/State and Zip Cod	e	
ktkmatt@l	bellsouth.net			
	E-mail address: (to be used to	for future annual rep	ort notification)	
For further information	concerning this matter, please	call:		
Noah Matts	son	_{at (} 904	,485-08	357
Name	of Person	Area Cod	e & Daytime Telep	phone Number
Enclosed is a check for	or the following amount:	,		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filit Certified Co (additional cop	рру	\$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ken's Home Repair LL				
(M	ust end with the words "Limite	d Liability Company, "L.L.C	.," or "LLC.")	
ARTICLE II - Ac The mailing addre	ddress: ss and street address of	the principal office of	the Limited Liabilit	y Company is:
Principal Office	Address:	Mailing Add	ress:	
3269 Cardinal Ln.		3269 Cardinal Lr	1	
Middleburg, Fl. 32068		Middleburg, Fl. 3	2068	
(The Limited Liability C business entity with an	Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registered as its own active Florida registration.) Florida street address of Noah Mattson 3269 Cardinal Ln Florida street	n Registered Agent. You mus	are:	SECRETARY OF SIMILERY OF CORPORATION. BIVISION OF CORPORATION.
	Middle	` .		
		City, State, and Zip		
liability compa registered agent all statutes relai	ned as registered agent a iny at the place designat and agree to act in this ting to the proper and co bligations of my position	ed in this certificate, I capacity. I further ago omplete performance o	hereby accept the ap ree to comply with th of my duties, and I am	pointment as e provisions of I familiar with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	r Managing Member(s): Manager or Managing Member is as follows: O Name and Address:		and and the feeting
"MGR" = Manager	Name and Address.	012 DEC 17	PH 12: 5:
"MGRM" = Managing Membe			
MGRM	Noah Mattson		
	3269 Cardinal Ln		
	Middleburg, Fl. 32068		
		 	
		·	
(Use attachment if necessary)			
•	4. 1	(ODTION)	
	nan the date of filing: 12/14/2012		
LE V: Effective date, if other the	must be specific and cannot be more than		
LE V: Effective date, if other the ffective date is listed, the date	must be specific and cannot be more than		
LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of file	must be specific and cannot be more than		
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LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than ing.)	i five busin	
LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	must be specific and cannot be more than	i five busin	
LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sections)	e must be specific and cannot be more than ing.) Multiple member or an authorized representative of a member ion 608.408(3), Florida Statutes, the execution of this d	er.	
LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmatio I am aware that any false	e must be specific and cannot be more than ing.) Make the specific and cannot be more than ing.) member or an authorized representative of a member	er.	

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)