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(Re	questor's Name)	
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T. HAMPTON

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
John L. PAHTEVSON Name of Person
Naples Mr Fixit, LLC
Firm/Company
130 3/st. STREET S.W.
Naples, FL 34/17 City/State and Zip Code
P-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John L. Patterson at (239) 777-7894  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability	Company is:	
Principal Office Address:	Mailing Address:		
130 3/s1, STREET S.W. Naples, FL 34/17	130 3/51, STREET Naples, FL 34117	<u>'S</u> .W - -	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re	gistered agent are:		
John L.	Patterson		
	•		
	STREET S.W.		
,	ess (P.O. Box <u>NOT</u> acceptable)		
City State	FL 34//7 c, and Zip		
Having been named as registered agent and to a liability company at the place designated in th	cept service of process for the above is certificate. I hereby accept the app	stated limited	
registered agent and agree to act in this capacit	y. I further agree to comply with the	provisions of	
all statutes relating to the proper and complete and accept the obligations of my position as reg	performance of my duties, and I am j	familiar with	
or accept the constitutions of my position as reg	Sierea ageni as providea jor in Chap	ier ous, F.S	
Registered Agent's Signatur	e (REQUIRED)	******	
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(CONTINU	ED)	SECKE DIVISION 13 APR	
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Page 1 of 2		FIL TAR OF C	
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert J. Bruno 855 Elkhorn CT. #513 Marco Island, FL 34145
MGRM	George Carr 10030 Maddox Lane #205 Bonita Springs, FL 34135
MGRM	DAN Fillion 10030 MADDOX Cane #205 Bonita Springs, FC 34/35
	ne date of filing: (OPTIONAL) st be specific and cannot be more than five business days
REQUIRED SIGNATURE:	La Le
(In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	08.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
$ \int ch_1$	yped or printed name of signee  ZSE  YES  YES  YES  YES  YES  YES  YES
Filing Fees:	R 29
\$125.00 Filing Fee for Articles of Org of Registered Agent \$ 30.00 Certified Copy (Optional)	STATE
\$ 5.00 Certificate of Status (Options	-n