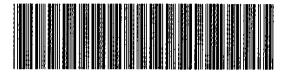
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
			
(Dusiness Fakh, Nama)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SHD ISCT.

Palmer Renovations L.L.C.

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:

Kenneth D. Palmer

Name of Person

Palmer Renovations

Firm/Company

200 Beaty Taff Drive

Address

Crawfordville, FL 32327

City/State and Zip Code

kenpalmer1965@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth D. Palmer

,850

274-4929

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

i\$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 Circle
Tallahassee, FL 32301

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Palmer Renovations L.L.C.		<u> </u>		
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	s of the principal office of the Limited Liability	Company is		
Principal Office Address:	Mailing Address:			
200 Beaty Taff Drive	200 Beaty Taff Drive			
Crawfordville, FL 32327	Crawfordville, FL 32327	_		
(The Limited Liability Company cannot serve as its	Registered Office, & Registered Agent's Signa s own Registered Agent. You must designate an individual or an			
business entity with an active riorida registration.	.)			
business entity with an active Florida registration. The name and the Florida street address	De la Companya del Companya de la Companya del Companya de la Comp			
	De la Companya del Companya de la Companya del Companya de la Comp	·····A.		
The name and the Florida street address	De la Companya del Companya de la Companya del Companya de la Comp	·····A.		
The name and the Florida street address Kenneth D. Palmer 200 Beaty Taff, Drive	Name Name	Colored Colore		
The name and the Florida street address Kenneth D. Palmer 200 Beaty Taff, Drive	ss of the registered agent are:	·····A.		
The name and the Florida street address Kenneth D. Palmer 200 Beaty Taff, Drive	Name Name Name Raistreet address (P.O. Box NOT acceptable)	Colored Colore		

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

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" = M	anager	Name and Address:
"MGRM" =	Managing Member	
MGR		Kenneth D. Palmer
-		200 Beaty Taff, Drive
		Crawfordville, FL 32327
		
(Use attachm	nent if necessary)	
CLE V: Effec	tive date, if other than the	date of filing: (OPTIONAL)
effective date	is listed, the date must	be specific and cannot be more than five business day
to or 90 days a	ifter the date of filing.)	
REQUIRED	SIGNATURE:	CONTRACT OF AN
	Signature of a membe	r or an authorized representative of a member
co I :	n accordance with section 608 onstitutes an affirmation under am aware that any false inform	.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
	Kenneth D. Palmer	
	Tv	ped or printed name of signee

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)