# L13000100818

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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July 2, 2013

JONATHAN SAMPLE 2892 JACKIE LN ATLANTIC BEACH, FL 32233

SUBJECT: SOLDIERS OF LIBERTY REMODELING LLC

Ref. Number: W13000037760

We have received your document for SOLDIERS OF LIBERTY REMODELING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 513A00016387

(850) 245-6051.

### COVER LETTER

TO:

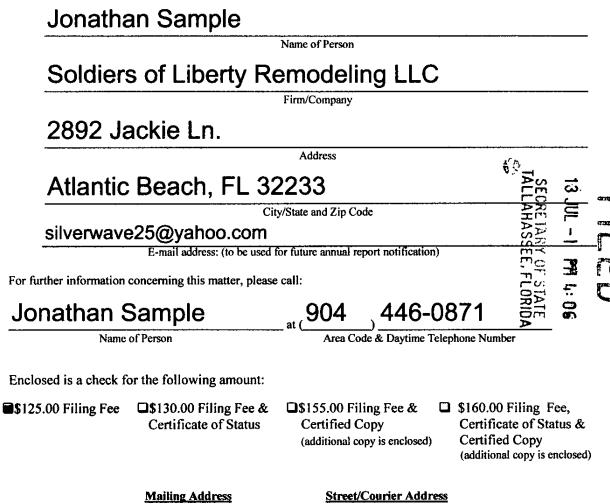
Registration Section **Division of Corporations** 

Soldiers of Liberty Remodeling 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:



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:	
Soldiers of Liberty Remodeling LLC	
(Must end with the words "Limited Liability	ty 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:
2892 Jackie Ln.	2892 Jackie Ln.
Atlantic Beach, FL 32233	Atlantic Beach, FL 32233
	<del></del>
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Jonathan Sample	
Name	ORE JUI
2892 Jackie Ln.	ASS 1 praise
Florida street add	ress (P.O. Box NOT acceptable)
Atlantic Beach, FL 32233	
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(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>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	Jonathan Sample		
	2892 Jackie Ln.		
	Atlantic Beach, FL 32233		
<del></del>			
(Use attachment if necessary)			
CLE V: Effective date, if other than the effective date is listed, the date mus	e date of filing: (OPTIO		
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CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	SECRETARY OF TALLAHASSEE. F	iness 13 JUL - 1 FM	da
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are successful.	iness 13 JUL - 1 FFR 4:	

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)