## L13000 114080

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

AUG 1 3 2013 T. HAMPTON

## COVER LETTER

TO: Registration S Division of Co			
		Remodeling Led Liability Company	LC
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Michael	Ryan		
	Ú	Name of Person	
- Mais		Firm Company	There is not to the the total state of the s
804 13+	hAre South		AND A 1988 V
T	11 0 1 1	Address	
10KK 251	rully Breach, F	4 52250	
Mcyan	Fla @ amail, Cor	y State and Zip Code  Mor future annual report notification)	
	concerning this matter, please		
Michael F	Yan ollerson	at ( 904 ) 327 - 9 Area Code & Daytime Telep	606 hone Number
Enclosed is a check f	or the following amount:		
<b>⊠\$</b> 125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Talkhasses, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building	ivela

Taliahassee, 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 principal office of the Limited Liability Company is:

Principal Office Address:

804 13th Ave South
Socken VIII4 Brock, FL 32250
Jackson

804 13th Am South

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

Jacksonville Beach 32250

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 go registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS
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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:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	Michael Ryan 804 13th Ale South Jacksony He Brach, F2 32250
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WHAT FOUR FOUR MICH. STATE AND AND THE STATE OF THE STATE	
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date mus or 90 days after the date of filing.)	e date of filing: (OPTION

REQUIRED SIGNATURE:

Signature of a preprier or an authorized representative of a member.

(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)