

L13000123395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

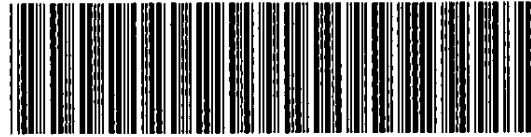
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Will Wait

Office Use Only



000250514420

09/03/13--01003--001 **125.00

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
2013 AUG 30 PM 5:01
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2013 SEP -3 AM 8:02
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS

N. Culligan SEP 3 - 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tallahassee Home Remodeling & 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:

Justin Yount

Name of Person

Firm/Company

2603 mission Rd apt B

Address

Tallahassee, FL 32304

City/State and Zip Code

JustinYount1@yahoo.com

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

For further information concerning this matter, please call:

Justin Yount

Name of Person

at (850) 264-7931

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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:

Tallahassee Home Remodeling + Repair, LLC
(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:

Mailing Address:

2603 mission Rd Apt B
Tallahassee FL 32304

11
11

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:

Justin Yount
Name
2603 mission Rd Apt B
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32304
City, State, and Zip

2013 SEP -3 AM 8:02
STATE OF FLORIDA
TALLAHASSEE

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..

Justin Yount
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

Name and Address:

$$\underline{mGRm}$$

Justin Yount
2603 B Mission Rd
Tallahassee FL 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9-3-13. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Signature of a member 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.)

Justin Yount

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)