

# L13000123407

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To: Division of Corporations  
Fax Number : (850)617-6383

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
Cedar Property Repair, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

Cedar Property Repair, LLC

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2200 NE 36<sup>th</sup> AVE, Ste. 508  
Ocala, FL 34470

Mailing Address:

2200 NE 36<sup>th</sup> AVE, Ste. 508  
Ocala, FL 34470

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

\_\_\_\_\_  
Name

7055 South Kirkman Road, Suite 116

\_\_\_\_\_  
Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32819

\_\_\_\_\_  
City, State, and Zip

*Having been named as registered agent 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 positions as registered agent as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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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:

<b>Title:</b> "MGR"= Manager "MGRM"= Managing Member	<b>Name and Address:</b>
<u>MGRM</u>	<u>GABRIEL DOHER</u>  8757 SW 52 <sup>nd</sup> Court Ocala, FL 34470
<u>MGR</u>	<u>GABRIEL DOHER</u>  8757 SW 52 <sup>nd</sup> Court Ocala, FL 34470

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

*Randy Rumer* AS ATTORNEY  
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.)

RANDY RUMER  
Typed or printed name of signer

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