

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L13000130533  
FILED 8:00 AM  
September 16, 2013  
Sec. Of State  
jshivers

**Article I**

The name of the Limited Liability Company is:

APPLIANCE ASSESSMENTS: REPAIRS, REBUILDS &  
RESTORATIONS LLC

**Article II**

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

1762 MAPLE AVE  
FORT MYERS, FL. US 33901

The mailing address of the Limited Liability Company is:

1762 MAPLE AVE  
FORT MYERS, FL. US 33901

**Article III**

The purpose for which this Limited Liability Company is organized is:

THE PURPOSE OF THIS LLC IS TO REPAIR, REBUILD AND RESTORE  
APPLIANCES.

**Article IV**

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

ROBERT A MACPHERSON JR.  
1762 MAPLE AVE  
FORT MYERS, FL. 33901

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.

Registered Agent Signature: ROBERT A MACPHERSON JR

**Article V**

The effective date for this Limited Liability Company shall be:

09/16/2013

Signature of member or an authorized representative of a member

Electronic Signature: ROBERT A MACPHERSON JR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.