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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

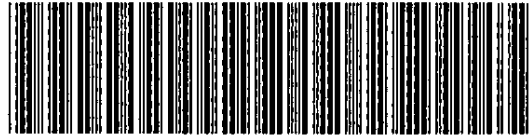
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. SAULSBERRY  
EXAMINER  
SEP 25 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Home-Quality Restorations, 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:

**Victor Wierwille**

Name of Person

**Home-Quality Restorations, LLC**

Firm/Company

**4256 Shadow Lane**

Address

**Niceville, FL 32578**

City/State and Zip Code

**hqrestorations@gmail.com**

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

For further information concerning this matter, please call:

**Victor Wierwille**

Name of Person

**850 733-8833**

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 HOME-QUALITY RESTORATIONS, LLC

ARTICLE I:

The name of this Limited Liability Company is Home-Quality Restorations, LLC.

ARTICLE II:

The mailing address and street address of the principal office of the LLC is:

4256 Shadow Lane  
Niceville, FL 32578

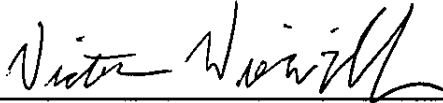
ARTICLE III:

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

Victor Wierwille  
4256 Shadow Lane  
Niceville, FL 32578

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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..*



Registered Agent's Signature (REQUIRED)

ARTICLE IV:

The purpose of the LLC is to engage in any lawful act or activity for which an LLC may be organized.

REQUIRED SIGNATURE:



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.)

Michael Behm

Typed or printed name of signee

Date: 9-20-2013