## L13000147049

(Requestor's Name)		
(Address)		
- (Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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SECRETARY OF STATE

OCT 1 8 2013

T. BROWN

(850) 245-6051
COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: RODGER'S HOME SERVICES, L.L.C.  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:
RODGER PHILLIPS
Name of Person
RODGER'S HOME SERVICES, L.L.C.
Firm/Company
11112 CHANDLER DRIVE
Address
Cooper City FLA. 33026  City/State and Zip Code
· · · · · · · · · · · · · · · · · · ·
RPH-W112351 @ YAHOO, COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rodger PHILLips at (954) 559-5265  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee   Status   Status  □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certificate of Stat

**Mailing Address** 

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Street/Courier Address Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	to A
The name of the Limited Liability Company is:	Pro B
RODGER'S HOME SERVICES (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11112 CHANDLER DRIVE Cooper City, Fl. 33026	11112 CHANDLER DRIVE Cooper City, Fl. 33026
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
SINDY PHILIPS	
11112 CHANDLER	ress (P.O. Box NOT acceptable)
Florida street addr	ress (P.O. Box NOT acceptable)
Cooper City Giy. State	FL <i>33026</i> c, and Zip
liability company at the place designated in the registered agent and agree to act in this capacite all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
- Shad	Phul_
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	RODGER D. PHILLIPS 11112 CHANDER DRIVE Cooper City, Fl. 33026
1	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days
Rodan	O. Thellips Dond Thulms per or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	28.408(3). Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State ay as provided for in s.817.155, F.S.)  Expect or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)