## #L 14000021755

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FILED
2014FEB-3 PM 3: 21
SECRETARY OF STATE

K.SALY EXAMINER SEB 7 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Borbor Home Improvements 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:
Carlos Borbor
Name of Person
Borbor Home Improvements LLC.
Firm/Company
1474 SW San Sebastian Ave.
Address
Port Saint Lucie, FL 34953
City/State and Zip Code
cjborbor@aol.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlos Borbor 353-1085
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \( \sum \) \$130.00 Filing Fee \( \chi \) Certificate of Status \( \text{Certified Copy} \) (additional copy is enclosed) \( \text{Certified Copy} \) (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Borbor Home Improvemen	s LLC.				
· · · · · · · · · · · · · · · · · · ·	(Must end with the words '	"Limited Liabilit	y Company, "L.L.C.,"	or "LLC.")	
ARTICLE II - Add The mailing address	ress: and street address of the pr	incipal office of t	the Limited Liability C	ompany is:	
Principal Office Ad	dress:	Mailing Add	ress:		
1474 SW San Sebastian A	ve.	1474	SW San Sebastian Ave.		
Port Saint Lucie, FL 34953		Port S	aint Lucie, FL 34953		
The name and the Flo	Carlos Borbor	egistered agent a	re:	ZILLFEB-3 TALLAHASS	
	1474 SW San Sebastian Ave.			SEE TO	1
	Florida street address (	P.O. Box <u>NOT</u> a	cceptable)	FISTOR	e de la constante de la consta
	Port Saint Lucie	FL		PRIE 2	
	City		Zip	7	
the place designa capacity. I further	ted in this certificate, I here agree to comply with the pr	eby accept the approvisions of all sta	pointment as registered ututes relating to the pro of my position as regis	tated limited liability company at agent and agree to act in this oper and complete performance stered agent as provided for in	

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Carlos Borbor
	1474 SW San Sebastian Ave.
	Port Saint Lucie, FL 34953
	<b>4.</b>
V: Effective date, if other than the date tive date is listed, the date must be sp	of filing:
ctive date is listed, the date must be sp f filing.)	of filing: (OPTIONAL)
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Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false ir	ecific and cannot be more than five business days prior to or 9 mber or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false ir	ecific and cannot be more than five business days prior to or 9 mber or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
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Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false ir constitutes a third degree for	ecific and cannot be more than five business days prior to or 9 mber or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.

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