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(Re	equestor's Name)	
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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J. Shivers MAY 1 5 2016

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Types, fors Remode Name of Lin	deling; ecf LL nited Liability Company	<u>C</u>
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	eatter to the following:	
Detorest.	Simmons Name of Person	
Expeditors	Remodeking; ec	+ LLC
9474 =	Shumerd Or	
Tetlahas	see, 7/32	805
E-mail address: (to be used	City/State and Zip Code Tim Mon's Court of State of Stat	hoo. Com
For further information concerning this matter, plea	ase call:	
Name of Person at (Area Code 32/824 Daytime Te	dephone Number
Enclosed is a check for the following amount:		
\$125.00 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	Street/Courier Add	ress

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must end with the words "Li	mited Natifity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9474 Shymard Dr	SAME
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida register the name and the Florida street address of the register.	s own Registered Agent. You must designate an individual or stration.)
GREFORS LS	Name
Florida street address (P.C	umard Dr
Tattehusse	e FL \$2305
City Having been named as registered agent and to acc	Zip cept service of process for the above stated limited liability com

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
E V: Effective date, if other than the deective date is listed, the date must be	ate of filing:
EV: Effective date, if other than the descrive date is listed, the date must be of filing.) EVI: Other provisions, if any.	ate of filing:
E V: Effective date, if other than the detrive date is listed, the date must be of filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the directive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in accordance as third degree for the section of the section and the section of the sect	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statytes, the execution of this document formation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation in a constitute a third degree for	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statytes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
EV: Effective date, if other than the directive date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under the section constitutes at third degree feed.)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817:155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent