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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Division of	n Section Corporations			
subject: Car	nd T Home T Name of Lin	mprovements nited Liability Company		
	s of Organization and fee(s) as	_		
Please return all corre	espondence concerning this m	atter to the following:		
Jer	emy Paul C	hase		
	1	Name of Person		
		Firm/Company		
381	Bannerman	Rood Address		
Tall	ahassee, FL	32312 City/State and Zip Code Vemen HO Yah d for future annual report notifica		
Cand	thome impro	vementale vah	oo, com	5
	E-mail address: (to be use	d for future annual report notifica	ntion)	K Y
For further information	on concerning this matter, plea	ase call:		X Y
Jeremy (Chase at (850 544-4	483	
Nai	me of Person		lephone Number	
Enclosed is a check for	or the following amount:			2
\$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 enclose	ed)
Ma	iling 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

Home Improvements L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

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

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

381 Bannerman Road Tallahassee, FL 32312	381 Ban Tallaho	nerman R Ssee, FL 3	oad 2312	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	vn Registered Agen		te an individual	l or
The name and the Florida street address of the registere	ed agent are:			
Jeremy Pau	u Chase			
381 Bannerma Florida street address (P.O. B	ox <u>NOT</u> acceptable	e)		
<u>Tallahassee</u>	<u></u>	2312 Zip		
Having been named as registered agent and to accept the place designated in this certificate, I hereby acceptacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Charles	ept the appointment ns of all statutes rela- phligations of my po- apter 605, F.S	as registered agent uting to the proper ar ssition as registered o	and agree to ac nd complete per	t in this formance
(CONTIN	UED)		<u>i.</u>	201
Page 1 o	r 2		A A A SET P	HAY Pur

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Troy D. Tomen 4755 Flowerwood Dr. Tallahassee FL 32303	

		·
(Use attachment if necessary)		
fective date is listed, the date must be	date of filing: (OPTIONA e specific and cannot be more than five business days prior	
fective date is listed, the date must be of filing.)		
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REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for the constitutes at third degree for the constitutes at third degree for the constitutes at	member 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 the formation submitted in a document to the Department of Statelony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	ument rue.