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COVER LETTER

Division of Corporations
SUBJECT: Michael Verhagen Remodeling, 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:
Michael L. Verhagen Name of Person
Michael Vernagen Remodeling, LLC
2573 Grove Park Ave N Address Address
\sim Delegation of \sim 100 \sim
City/State and Zip Code City/State and Zip Code Deyond Cless Ciotion 20 Agrail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Courtney N. Langhoff at (727) 804-0792 Name of Retson Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \sum_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	·
Michael Verhagen Remode (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2573 Grove Park Ave N St. Detersburg, FL 33714	3573 Grove Park Ave N St. Petersburg FL 33714
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual a
The name and the Florida street address of the registered a	agent are:
Michael L. U Name	ernagen [
Florida street address (P.O. Box	
St. Petersburg City	FL 33714 Zip
Having been named as registered agent and to accept ser	vice 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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Michael Verhagen 2573 Janus Park Ave N St. Petersburg, FL 33714
	A O
(Use attachment if necessary)	AHASSEE AHASSEE
E V: Effective date, if other than the date of filir ctive date is listed, the date must be specific a filing.)	and cannot be more than five business days prior to or 90
E VI: Other provisions, if any.	
REQUIRED SIGNATURE: 1/ /	
Milw	my.
Signature of a member	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)