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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|------------|---|---|---|
| SUBJI | ECT: Elifritz Remodeling, LLC Name of L | imited Liability Company | |
| The en | closed Articles of Organization and fee(s) | are submitted for filing. | |
| Please | return all correspondence concerning this | matter to the following: | |
| | Nick Elifritz | | |
| | | Name of Person | |
| | Elifritz Remodeling, LLC | Firm/Company | |
| | 1478 Equinox Cir. | | |
| | | Address | |
| | Sanford, FL 32771 | City/State and Zip Code | |
| <u>eli</u> | fritz01@gmail.com | ed for future annual report notifica | ation) |
| For fur | ther information concerning this matter, pl | ease call: | |
| Nick E | at (Name of Person | 407) 592-6085 Area Code Daytime Tel | lephone Number |
| Enclos | ed is a check for the following amount: | | |
| ∄ \$125.0 | 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent | tions |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| | |
| Flifeite Demodeling III C | |
| Elifritz Remodeling, LLC (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.") |
| (Must end with the words Elimited E | Hability Company, E.E.C., of EEC. |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal off | ice of the Limited Liability Company is: |
| | |
| Principal Office Address: | Mailing Address: |
| 1478 Equinox Cir. | 1478 Equinox Cir. |
| Sanford, FL 32771 | Sanford, FL 32771 |
| | |
| | |
| ARTICLE III - Registered Agent, Registered Office, & | |
| The Limited Liability Company cannot serve as its own R mother business entity with an active Florida registration. | |
| momer business entity with an active Florida registration. | .) |
| The name and the Florida street address of the registered a | agent are: |
| • | |
| Nick Elifritz | |
| Name | |
| 1478 Equinox Cir. | |
| Florida street address (P.O. Box) | NOT acceptable) |
| Tionaa saaana (iii oo baa | <u></u> |
| Sanford | FL 32771 |
| City | Zip |
| | |
| the place designated in this certificate. I hereby accept | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this |
| canacity I further agree to comply with the provisions of | f all statutes relating to the proper and complete performance |
| | gations of my position as registered agent as provided for in |
| | er 605, F.S |
| | |
| | _ |
| Buria Grand | (PEOLUTED) |
| Registered Agent's Signatu | ire (REQUIRED) |
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| Page 1 of 2 | ED) |
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ARTICLE IV-