## L14000116488

(Requestor's Name)
(Address)
(Address)
,,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000262392930

07/24/14--01005--019 \*\*130.00



\* Burch july 24 2014

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: DEANE'S REPAIR + 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:
DETANE KLINE  Name of Person
Name of Person
Firm/Company
1600 GREENBRIER PKWY APTA GUIF BREETE FL 32563 Address
Culf BRUEZE FL 32563 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEANES KLINE at (850) 586-1592  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassce, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
DEANE'S REPAIR AND REMODES (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1600 GREANBRIER PKWY APT A GUIF BREEZE F1 32563	1600 GREENBLIER PKWY APT A GULF BREEFE F. J. 32563
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	Registered Agent. You must designate an individual or significant are:  A SECULIARY OF PRICE

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DEANE KLINE 1600 GREEN BRIER PKWY APT A GUIF BREEZE FL 32563
	TAECORE ARE
(Use attachment if necessary)  E V: Effective date, if other than the date section date is listed, the date must be section.	e of filing: 7-25-14 (OPTIONALE)
E V: Effective date, if other than the date	e of filing: 7-25-14 (OPTIONALLY) secific and cannot be more than five business days prior 9
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business days priorito or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation under I am aware that any false information in the contraction of the constitutes are affirmation under I am aware that any false information.	ecific and cannot be more than five business days priorito or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member.  205.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  command the command of the co

Page 2 of 2