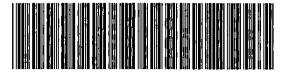
## L14000 192781

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
· ·		



400263735854

09/08/14--01018--009 \*\*122.50

12/19/14--01001--012 \*\*37.50

Effective Date 1115

SECRETARY OF STATE

T. HAMPTON

TO: Registration Section **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sylvester Harr Jr Name of Person The Repair Shop L.L.C. 6471 N.E. 106 th Terr. Browson FL. 32621
City/State and Zip Code Therepairshop 1022 Dyahoo, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sylvester Warr Jr at (352) 529-1059

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: **☎**\$160.00 Filing Fee, □\$155.00 Filing Fee & ☐ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

**Mailing Address** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)



September 15, 2014

BRIAN E MCMAHON THE REPAIR SHOP 6471 N.E. 106 TERR BRONSON, FL 32669

SUBJECT: THE REPAIR SHOP LLC

Ref. Number: W14000055249

We have received your document for THE REPAIR SHOP LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must have a Florida street address. A post office box is not acceptable.

The registered agent must sign accepting the designation.

Please complete attach conversion application.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 014A00019309

## Effective Date 1115

## ARTICLES OF ORGANIZATIONS OR FEORIDA LIMITED LIABILITY COMPANY

Page 1 of 2

FILED

14 DEC 17 PH 3: 29

SECREJARY DE STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Brian F McMahon 12990 NE 47th 37 Williston, F1 32696
Co-manager.	Sylvester Harr Jr 5751 NE 120th Ferr. Will: 578M, FI 72696
Treasure	Melanie Harr 5751 NG 120th Terr. W:11:8724 Fl 32696
Secretary	Diane memahon 12990 NE 46 th ST Williston FI 32196
(Use attachment if necessary)	
	filing: Jan 1, 2015 (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after
RTICLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true

constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Brian E Mc Mahon
Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2

14 DEC 17 PN 3: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIG