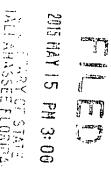
## 45000000574

| (Rec                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | lress)            |             |
| (Add                      | dress)            |             |
| (City                     | //State/Zip/Phone | 9 #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
| Call WE                   | -31288°           |             |



04/24/15--01012--021 \*\*160.00



Office Use Only



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2015

JAMES P CLANCY JR 4696 SWEETMEADOW CIRCLE SARASOTA, FL 34238

SUBJECT: WERNER HOME SERVICES LLC

Ref. Number: W15000031288

We have received your document for WERNER HOME SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 615A000091135

15 PH 3: 00

## **COVER LETTER**

| TO: Registration Division of ( | a Section<br>Corporations                                    |   |   |                  |          |                       |
|--------------------------------|--|---|---|------------------|----------|-----------------------|
| SUBJECT: Werner                | r Home Services LLC<br>Name of Lir                           | nited Liability Company   |   |                  |          |                       |
| The enclosed Articles          | of Organization and fee(s) a                                 | re submitted for filing.  |   |                  |          |                       |
| Please return all corre        | espondence concerning this m                                 | atter to the following:   |   |                  |          |                       |
| <u>James P</u>                 | P. Clancy Jr.  | Name of Person  |   |                  |          |                       |
| <u>Werner I</u>                | Home Services LLC  | F: (C   |   |                  |          |                       |
|                                |  | Firm/Company  |   |                  |          |                       |
| 4696 Sw                        | veetmeadow Circle  | Address   |   |                  |          |                       |
| Sarasota                       | a. FL 34238  | lity/State and Zip Code   |   |                  |          |                       |
| wiclancy@veriz                 | con.net  |   | <del> </del>  |                  | 5115     | innegge               |
| For further informatio         | E-mail address: (to be use on concerning this matter, please | d for future annual report notifica                                 | tion)   | ABASSE<br>ABASSE | HAY 15   |                       |
| James P. Clancy Jr             |  |   |   |                  | Ę.       |                       |
|                                | ne of Person   | Area Code Daytime Tel   | ephone Number   | 761307<br>317418 | ယ္<br>00 | ानुस्याः<br>सम्बद्धाः |
|                                | or the following amount:                                     | _   | _   |                  |          |                       |
| ☐ \$125.00 Filing Fee          | ☐\$130.00 Filing Fee & Certificate of Status                 | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ✓\$160.00 Filing Certificate of Certified Copy (additional copy | Status &         | l)       |                       |
|                                |  |   |   |                  |          |                       |

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Werner Home                    | Services LLC   |   |
|--------------------------------|--|---|
|                                | (Must end with the words   | "Limited Liability Company, "L.L.C.," or "LLC.")                            |
| ARTICLE II - A                 |  | rincipal office of the Limited Liability Company is:                        |
| Principal Office               | Address:   | Mailing Address:  |
| 4696 Sweetme<br>Sarasota, FL 3 | eadow Circle<br>14238  | 4696 Sweetmeadow Circle Sarasota, FL 34238                                  |
|                                | s entity with an active Florida r  |   |
|                                |  | registration.)  |
|                                | e entity with an active Florida r  | egistration.)   |
|                                | e entity with an active Florida re Florida street address of the James P. Clancy Jr. 4696 Sweetmeadow  | egistration.) registered agent are:  Name  Circle                           |
|                                | e entity with an active Florida re Florida street address of the James P. Clancy Jr. 4696 Sweetmeadow  | registered agent are:  Name   |
|                                | e entity with an active Florida re Florida street address of the James P. Clancy Jr. 4696 Sweetmeadow  | egistration.) registered agent are:  Name  Circle                           |
|                                | s entity with an active Florida re Florida street address of the James P. Clancy Jr.  4696 Sweetmeadow Florida street address of the second street address of the | egistration.) registered agent are:  Name  Circle (P.O. Box NOT acceptable) |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



| <u>Title:</u> "AMBR" = Authorized Member  | Name and Address:   |                     |
|---|---|---------------------|
| "MGR" = Manager   |   |                     |
| AMGR  | Clayton "Bud" Werner  |                     |
|   | 2527 Terry Lane   |                     |
|   | Sarasota, FL 34231  |                     |
| AMGR  | James P. Clancy Jr.   |                     |
|   | 4696 Sweetmeadow Circle   |                     |
|   | Sarasota, FL 34238  |                     |
|   |   | <u></u>             |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   | · · · · · · · · · · · · · · · · · · ·   |                     |
| E V: Effective date, if other than the date of extive date is listed, the date must be specified.   | filing: (OPTIONA<br>fic and cannot be more than five business days prior  | AL)<br>r to or 90 d |
| (Use attachment if necessary)  E V: Effective date, if other than the date of service date is listed, the date must be specifif filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:   | fic and cannot be more than five business days prior  | AL)<br>r to or 90 d |
| E V: Effective date, if other than the date of ective date is listed, the date must be specififiling.)  E VI: Other provisions, if any.   | fic and cannot be more than five business days prior  | AL)<br>r to or 90 d |
| E V: Effective date, if other than the date of ctive date is listed, the date must be specif filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb  | fic and cannot be more than five business days prior  | r to or 90 d        |
| E V: Effective date, if other than the date of ective date is listed, the date must be specififiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0)  | per or an authorized representative of a member.  | r to or 90 d        |
| E V: Effective date, if other than the date of ective date is listed, the date must be specififiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the  | per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this doche penalties of perjury that the facts stated herein are t  | r to or 90 d        |
| E V: Effective date, if other than the date of ective date is listed, the date must be specififiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the  | per or an authorized representative of a member.  1203 (1) (b), Florida Statutes, the execution of this doche penalties of perjury that the facts stated herein are to tion submitted in a document to the Department of Statutes.                              | r to or 90 d        |
| E V: Effective date, if other than the date of ective date is listed, the date must be specific filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony a large R. Change.   | per or an authorized representative of a member. 2003 (1) (b), Florida Statutes, the execution of this doche penalties of perjury that the facts stated herein are to tion submitted in a document to the Department of States provided for in s.817.155, F.S.) | r to or 90 d        |
| E V: Effective date, if other than the date of ective date is listed, the date must be specififfiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony a large P. Cl. angle. | per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this doche penalties of perjury that the facts stated herein are to the submitted in a document to the Department of States provided for in s.817.155, F.S.)  | r to or 90 d        |
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Page 2 of 2