

15000122447

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

W15000040364

JUL 22 2015

T. SCOTT



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06/01/15--01022--008 \*\*130.00

15 JUL 20 AM 11:10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2015

HEATHER METSCH  
1309 SE 40TH TER #A  
CAPE CORAL, FL 33904

SUBJECT: TRIED AND TRUE HOME SOLUTIONS, LLC  
Ref. Number: W15000040364

We have received your document for TRIED AND TRUE HOME SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6052.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 315A00013883

Please see updated form & call  
me if there are any issues.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tried and True Home Solutions 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:

Heather Metsch  
Name of Person

\_\_\_\_\_  
Firm/Company

102 SE 41st Terrace  
Address

Cape Coral, FL 33904  
City/State and Zip Code

Shorty9194@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Metsch at ( 239 ) 878-3899  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

\* already sent  
and cashed on 11/15

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 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:

Tried and True Home Solutions LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

102 SE 41st Ter  
Cape Coral, FL 33904

Mailing Address:

102 SE 41st Ter  
Cape Coral, FL 33904

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Heather Metsch  
Name

102 SE 41st Ter  
Florida street address (P.O. Box **NOT** acceptable)  
Cape Coral, FL 33904  
City State Zip

*Having been named as registered agent and to accept service 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..*

Heather Metsch

Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 JUL 20 AM 11:10

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Heather Metsch

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Heather Metsch

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)**