L15000173431

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

Office Use Only

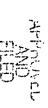


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COVER LETTER

	Registration Section Division of Corporations		•
ŚŨBJĒĆ	Scott's Home Improvements and M	faintenance LLC	
SOBJEC		imited Liability Company)
The encl	osed Articles of Organization and fee(s)	are submitted for filing.	
Please re	turn áll correspondence concerning this	matter to the following:	
	Scott Purvis		
		Name of Person	
		Firm/Company	
	15 Pompano Dr.		
		Address	
	Panacea, Fl. 32346		
	anumia72@nahaa	City/State and Zip Code	
	spurvis72@yahoo.com E-mail address: (to be us	ed for future annual repor	t notification)
For further	r information concerning this matter, ple	ase calī:	
	Scott Purvis	850 241-3323	1
	Name of Person		Telephone Number
Enclosed	l is a check for the following amound:		
	Filing Fee \$\frac{130.00}{2}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fed Certified Copy (additional copy is en	Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Add New Filing Division of Clifton Bui	Section Corporations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	ovements and Maintenance		
(Must en	d with the words "Limited I	iability Company	, "L.L.C.," or "LLC.")
RTICLE II - Address:		•	
e mailing address and street	address of the principal off	ice of the Limited	Liability Company is:
Princ	ipal Office Address:		Mailing Address:
15 Pompano Drive		15 P	ompano Drive
The Limited Liability Companother business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration.	Registered Agent.	nt's Signature: You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a	Registered Agent.	nt's Signature:
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration. et address of the registered a Scott M. Purvis	Registered Agent.	nt's Signature:
ARTICLE III - Registered A	gent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a Scott M. Purvis	Registered Agent. `) agent are:	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration. et address of the registered a Scott M. Purvis	Registered Agent. ' legistered Agent. ' legent are: Name	nt's Signature: You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a Scott M. Purvis	Registered Agent. ' legistered Agent. ' legent are: Name	nt's Signature: You must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manage : MGR	Scott M. Purvis
MGK	15 Pompano Dr.
	Panacca, Fl. 32346
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se attachment if necessary)	
ICLE V. Proming days (Codes that the days	*CCE 10/12/2015 (OPTIONAL)
late of filing.;	ecific and cannot be more than five business days prior to or 90 days and neet the applicable statutory filing requirements, this date will not be listed
n effective date is listed, the date must be speciate of filing.; et: If the date inserted in this block does not melocument's effective date on the Department of TCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	neet the applicable statutory filing requirements, this date will not be listed of State's records. mber or an authorized representative of a memoc:
n effective date is listed, the date must be speciate of filing.; e: If the date inserted in this block does not melocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menute of a	neet the applicable statutory filing requirements, this date will not be list of State's records.

Filing Fees:

Typed or printed name of signee

\$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-