## 116000003852

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #) ;
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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S. PRATHER

## COVER LETTER

•	n of Corporations	
SUBJECT:	RODNEY'S MA	INTENANCE AND HOME REPAIR, LLC.
The enclosed A	ticles of Organization and fee(s)	are submitted for filing.
Please return all	correspondence concerning this	matter to the following:
	RODNEY	VARNADOR E  Name of Person
$\tilde{I}$	•	INTENANCE AND HOME REPAIR, LLC.
	1.500	Interpolation
	BASCOM	Address  FL. 32423  City/State and Zip Code
	Todney Varnadoze  E-mail address: (to be us	City/State and Zip Code  196969 Pail Com  ed for future annual report notification)
For further inforn	nation concerning this matter, ple	ease call:
P	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	eck for the following amount:	
\$125.00 Filing I	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)
	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 Co	mpany is:				
RODNEY'S	MAINTENANCE AND the words "Limited Liability Comp	HOME	REPAIR,	. '22,	C."
(Musi end with	the words Limited Liability Comp	any, L.L.C., or	LLC. )		
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limi	ited Liability Cor	mpany is:		
Principal O	ffice Address:	<u>M</u>	ailing Address:		
6522 LOV BASCOM +	IEDALE ROAD	6522 BA5CO	LOVEDALE M FL, 329	ROA!	)
ARTICLE III - Registered Agent, I (The Limited Liability Company can another business entity with an active	not serve as its own Registered Age				
The name and the Florida street addre		_			
	RODNEY VA. Name 10522 LOVEDI	QNÁDOI	r E	و من المعاد	A
	Name		-	E8 (	თ ლ
4	05 22 LOVEDI	Ale No	AD	全篇	DEC ,
F	lorida street address (P.O. Box NO			25.E	$\frac{3}{2}$
	BASCOM FL.	32	1923	m.	<u> </u>
	City State	Zip			ا مند. سیج
Having been named as registered agent place designated in this certificate, I her further agree to comply with the provisi am familiar with and accept the obligat	reby accept the appointment as regis ons of all statutes relating to the pro	stered agent and a oper and complete ent as provided fo Much	agree to act in this capa e performance of my du or in Chapter 605, F.S	icity. I	PH 4: 21

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	RODNEY VARNADORS 10522 LOVEDAIE RD. BASEOM FL 32423
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)  I.E.V: Effective date, if other than the date	enfilling JAN. 1, 2016 (OPTIONAL)
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not a	e of filing: Jan. 1, 2016. (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date iffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not reument's effective date on the Department	meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the date effective date is listed, the date must be spe of filing.)  If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)  If the date inserted in this block does not a cument's effective date on the Department of the Departme	meet the applicable statutory filing requirements, this date will not be list of State's records.  Leave Comment of a member.  Ited in accordance with section 605.0203 (1) (b), Florida Statutes.  The information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)  If the date inserted in this block does not a cument's effective date on the Department of the Departme	meet the applicable statutory filing requirements, this date will not be list of State's records.  Leave Tournelle T

ARTICLE IV-