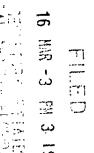


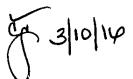
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





03/03/16--01005--021 **160.00





COVER LETTER

3

	istration Section ision of Corporations				
SUBJECT:	NEWBERN REPA	IR AND REMODE	LING, L	LC.	
	Name of I	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:			
	ROBERT NEW	BERN			
_	ROBERT NEW	Name of Person			
			ING LL	.c.	
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm/Company			
_	101 SUN LA	VE			
		Address	•		
	PANAMA CITY B	BEACH, FL. 324	13		
		SEACH, FL. 324 City/State and Zip Code ERN @ME, COM			
	ROBERT, NEWBE	ERN @ME, COM			
		ed for future annual report notifica			
For further infe	ormation concerning this matter, ple	ase call:			
	ROBERT NEWBERNat (850 ,775-80	80		
	Name of Person	Area Code Daytime Telephor		_	
Enclosed is a	check for the following amount:			•	
\$125.00 Filin			\$160.00	Filing Fee,	
Ш	Certificate of Status	Certified Copy		te of Status &	
		(additional copy is enclosed)	Certified (additional	copy is enclosed)	
			•	ਂ ਲ	
	Mailing Address	Street Address			
	New Filing Section	New Filing Section		TO B T	ļ
	Division of Corporations	Division of Corporat	tions	10 to	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cen	ter Circle	, , , , , , , , , , , , , , , , , , , ,	
	Turningsoo, I D J LJ 17	Tallahassee, FL 323			
				$\mathbb{R}^{\frac{1}{2}}$ ω	
				FF 5	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	16 MAR -3 PH 3-19
NEWBERN REPAIR AND REMODELING	5, LLC. THE STUDE OF STATES
(Must end with the words "Limited Liability Company, "L.L.C	".," or "LLC.") 1 1 1 1 1 1 1 1 1 1
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	y Company is:
Principal Office Address:	Mailing Address:
	SUN LANE NA CITY BEACH, FL 32413

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:

SHERI NEWBERN

Name

101 SUN LANE

Florida street address (P.O. Box NOT acceptable)

PANAMA CITY BEACH, FL 32413

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

AMBR" = Manager ROBERT NEWBERN LOI SUN LANE PANAMA CITY BEACH, FL 3. Use attachment if necessary) EV: Effective date, if other than the date of filing:
Use attachment if necessary)
Use attachment if necessary) Use attachment if necessary) Use attachment if necessary) Use attachment if necessary) The company of the co
Use attachment if necessary) 2.V: Effective date, if other than the date of filing: (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will represent the specific and cannot be more than five business days prior to or filing.)
Use attachment if necessary) EV: Effective date, if other than the date of filing: (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirements.
Use attachment if necessary) EV: Effective date, if other than the date of filing: (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirements.
Use attachment if necessary) EV: Effective date, if other than the date of filing: (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirements.
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirements.
Use attachment if necessary) CV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will represent the specific and cannot be more than five business days prior to or filing.)
Use attachment if necessary) CV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will represent the specific and cannot be more than five business days prior to or filing.)
CV: Effective date, if other than the date of filing:
CV: Effective date, if other than the date of filing:
ctive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will re-
VI: Other provisions, if any.
REOUIRED SIGNATURE:
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Staconstitutes a third degree felony as provided for in s.817.155, F.S.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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. ROBERT NEWBERN
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Sta constitutes a third degree felony as provided for in s.817.155, F.S.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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. ROBERT NEWBERN Typed or printed name of signce Filing Fees:
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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. ROBERT NEWBERN Typed or printed name of signee

-3 PH 3 IS