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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Home Building and Remodeling LL Name of Limited Dability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Justin Yourt Name of Person
Firm/Company
5173 wild dive way
City/State and Zip Code Sustingount 1 & yahoo com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Justin at (850) 575-6973 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end	me building with the words "Limited Liah	CA CANCO	Remodelir .L.C.," or "LLC.")	ry LL
ARTICLE II - Address: The mailing address and street a	address of the principal office	of the Limited Lial	bility Company is:	•
	Dal Office Address:	<u> </u>	Mailing Address:	
	SEL IL U			
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	ent, Registered Office, & Rey cannot serve as its own Regactive Florida registration.)	istered Agent. You nt are:	must designate an individu	al or
ARTICLE III - Registered Ag (The Limited Liability Compananother business entity with an The name and the Florida street	gent, Registered Office, & Registered Office, & Registered States of the registered agents of th	nt are:	must designate an individu	al or
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	ent, Registered Office, & Rey cannot serve as its own Regactive Florida registration.)	istered Agent. You nt are: Now Your Transcription me	must designate an individu	al or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Justin Yourt 5173 wild die ward Tallahause FC
(Use attachment if necessary)	
late of filing.)	pecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
document's effective date on the Department	of State's records.
	of State's records.

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.

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.

Typed or printed name of signce

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)

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