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(Addı	ress)	
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MAR 29 2016 S. GILBERT Cover Reginald D Roper 8252 Eldorado, Dr. Pensacola fl.
32506 (850) 375-9958 Subject Roper's Renovations

COVER LETTER

~	ation Section 1 of Corporations		
SUBJECT:	Rapers R	enavations LLC of Limited Liability Company	- ≎
The enclosed Art	icles of Organization and fe	ee(s) are submitted for filing.	
Please return all	correspondence concerning	this matter to the following:	
	Reginald	D. Roper Name of Person	
R	sport Rena	vation LLC Firm/Company	
_3	411 N. Tar	razona St Address	····
	ensacola	F1 32503 City/State and Zip Code	
Lob	E-mail address: (to)	be used for future annual report no	tification)
For further inform	nation concerning this matte	er, please call:	
Regino	Name of Person	at (<u>RSO</u>) <u>375</u> . Area Code Daytim	~ GQ 5 8 e Telephone Number
Enclosed is a che	ck for the following amount	:	
□\$125.00 Filing I	Fee S130.00 Filing Fee Certificate of Statu		3 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Corp Clifton Building 2661 Executive	tion porations

Tallahassee, FL 32301

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roper's Renovations 1. L. C.

(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:

Mailing Address:

3411 N. Tarragona St

Proceeds Florida St

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:

Reginald D. RODER

Name

Still N. larragona St

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

Pensar bla FL 32503

City 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..

egistered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person aut	horized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Resignate Roper 3411 N. Tarregonast Rons Acolo Fl 30503
·	
(Use attachment if necessary)	
(If an effective date is listed, the date must be spethe date of filing.) ARTICLE VI: Other provisions, if any.	of filing: SAME (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE:	to day
(In accordance with section 605.0202 constitutes an affirmation under the penalties of a maware that any false information submitted constitutes a third degree felony as provided for	d in a document to the Department of State r in s.817.155, F.S.)
<u>Regi</u>	Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organization a of Registered Agent	and Designation
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	

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