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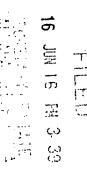
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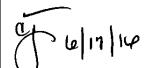
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COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJE	NO WORRIES REPAIR AND REMODEL L.L.C.	
SOBJE	Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	GERALD SPURLOCK	
	Name of Person	
	NO WORRIES REPAIR AND REMODEL L.L.C.	
	Firm/Company	
	34830 OBERRY RD	
	Address	
	DADE CITY, FL. 33523	
	City/State and Zip Code JERRYSPURLOCK@EMBARQMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For furthe	er information concerning this matter, please call:	
	GERALD SPURLOCK 813 316-8162	
	Name of Person Area Code Daytime Telephone Nu	mber
Enclose	ed is a check for the following amount:	
\$125.00	Certificate of Status — Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy Iditional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CirTallahassee, FL 32301	rcle 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

16 JUN 16 PH 3-39

STOREFACE STATE
ALLAMA LELLELADA

May 18, 2016

GERALD SPURLOCK 34830 OBERRY ROAD DADE CITY, FL 33523

SUBJECT: NO WORRIES REPAIR AND REMODEL L.L.C.

Ref. Number: W16000036016

We have received your document for NO WORRIES REPAIR AND REMODEL L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 616A00010533

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		FILED
Jerry's No Worries Repair and Remodeling, L.L.C.		16 JUN 16 PH 3 39
(Must end with the words "Limited Liabi		TANTH CENATE
ARTICLE II - Address: The mailing address and street address of the principal office o Principal Office Address:		
34830 OBERRY ROAD	34830 OBERRY ROAD	1455
DADE CITY, FL. US 33523	DADE CITY, FL. US 33523	3
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis		dividual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

GERALD SPURLOCK, JR

Name

34830 OBERRY ROAD

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

DADE CITY FL 33523

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

(CONTINUED)

Page 1 of 2

filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records. EVI: 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 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. GERALD E SPURLOCK JR Typed or printed name of signee 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)	Use attachment if necessary) Use attachment if necessary Use attachment if necessary) Use att	Jse attachment if necessary) V: Effective date, if other than the date of filing:			
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ARTICLE IV-