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(Requestor's Name)

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(City/State/Zip/Phone #)

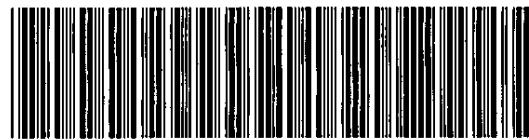
PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

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## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JR'S HOME IMPROVEMENTS L.L.C  
Name of 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:

Jory Warren Raber

Name of Person (new company name)

# JR'S HOME IMPROVEMENTS L.L.C.

**Firm/Company**

181 E. Dover STREET

### Address

SATELLITE Beach, FL 32937

**City/State and Zip Code**

City, State and Zip Code  
jrshomeimprovementsfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jory W. Raber at ( 321 ) 212-8830

Name of Person

**Area Code**

**Daytime Telephone Number**

Enclosed is a check for the following amount:

\$125.00 Filing 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 Company is:

JR 'S Home Improvements L.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:

181 E. DOVER ST  
Satellite Beach, FL  
32937

Mailing Address:

181 E. DOVER ST  
Satellite Beach, FL  
32937

**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:

Jory Warren Raber

Name

181 E. DOVER ST.

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

Satellite Beach, FL, 32937

City

State

Zip

16 JUL 14 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Jory Warren Raber  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

AMBR

Claudia Haycraft

3447 KUMQUAT LOOP  
Windermere FL 34786

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DOF. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jory Warren Raber

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.

Jory Warren Raber  
Typed or printed name of signee

16 JUL 14 AM 9:01  
RECEIVED  
DOE STATE  
TALLAHASSEE, FLORIDA

**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)