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COVER LETTER

Registration Section

TO:

Dí	vision of Corporations
SUBJECT:	Aaron's Remodeling, LLC
SOUSECT.	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Aaron Carter
•	Name of Person
	Aaron's Remodeling, LLC
•	Firm/Company
	136 Garden Lane
•	Address
	Freeport, FL 32439
a	City/State and Zip Code carter2411@hotmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
,	Aaron Carter 850 200-5557
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, 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

Aaron's Remodeling,			
(Must end	with the words "Limited Lia	bility Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office	of the Limited	Liability Company is:
Princip:	al Office Address:		Mailing Address:
136 Garden Lane, Fro	eeport, FL 32439	136 (Garden Lane, Freeport, FL 32439
The Limited Liability Company	ent, Registered Office, & R cannot serve as its own Reg	egistered Agen	ıt's Signature:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & R cannot serve as its own Reg active Florida registration.)	egistered Agent.	
(The Limited Liability Company another business entity with an a	ent, Registered Office, & R cannot serve as its own Reg active Florida registration.)	egistered Agent.	ıt's Signature:
(The Limited Liability Company another business entity with an a	ent, Registered Office, & R cannot serve as its own Reg active Florida registration.) address of the registered age Aaron Carter	egistered Agent.	ıt's Signature:
(The Limited Liability Company another business entity with an a	ent, Registered Office, & R cannot serve as its own Reg active Florida registration.) address of the registered age Aaron Carter	egistered Agent istered Agent. \	ıt's Signature:
(The Limited Liability Company another business entity with an a	ent, Registered Office, & Recannot serve as its own Registrive Florida registration.) address of the registered age Aaron Carter	egistered Agent. Vintare:	it's Signature: You must designate an individual o
(The Limited Liability Company another business entity with an a	ent, Registered Office, & R cannot serve as its own Reg active Florida registration.) address of the registered age Aaron Carter Na 136 Garden Lane	egistered Agent. Vintare:	it's Signature: I' ou must designate an individual d

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

	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager	A common CI and a
AMBR	Aaron Carter
	136 Garden Lanc
	Freeport, FL 32439
EV: Effective date, if other than the date of	filing: 10-19-16 (OPTIONAL) fic and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of ective date is listed, the date must be specififling.) the date inserted in this block does not meent's effective date on the Department of	fic and cannot be more than five business days prior to or 90 at the applicable statutory filing requirements, this date will no
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E V: Effective date, if other than the date of ective date is listed, the date must be specififfiling.) The date inserted in this block does not meement's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90 st the applicable statutory filing requirements, this date will no State's records.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) The date inserted in this block does not meement's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memion of the department of an aware that any false in constitutes a third degree for the date of	fic and cannot be more than five business days prior to or 90 at the applicable statutory filing requirements, this date will no

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)