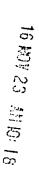
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: NATHAN J TOY HOME REPAIR LLC 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:
NATHAN J TOY
Name of Person
·
-Firm/Company
97 LANCE LW.
Address
CRAUFORDVILLE FL. 32327 City/State and Zip Code nathantoy @icloud.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NATHAN TOY at (850) 673-1473 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{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

ADTICLE 1 Nome.			• • • • • • • • • • • • • • • • • • • •	
ARTICLE I - Name: The name of the Limited Liability Company is:			16 NOV 23	MD: 18
(Must end with the words "	Toy Home 'Limited Liability Company, "I	REPAIR L L.L.C.," or "LLC.")	LCSECHLI (o DRIDA
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Li	ability Company is:		
Principal Office Addre	P66.	Mailing Addres	66.	

THE PHI OTHER AGGICSS.	. Italinie Italiess.
97 LANCE LN.	Same
CRAUFORDVILLE FL 32327	

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:

NATHAN J. TOY

Name

97 LANCE W.

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

CRAFORDVILLE FL. 32327

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

Title: "AMBR" = Authorized Member "MGR" = Manager MEP	Name and Address: NATHAN TOY 97 LANCE. LN. CRANFORDVILLE TL 32327		

· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)			
(If an effective date is listed, the date must be specifi the date of filing.)	iling: (OPTIONAL) c 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 as tate's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
This document is executed in I am aware that any false inf	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes ormation submitted in a document to the Department of State. Sony as provided for in s.817.155, F.S.		

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)