L16000 232930

Office Use Only



700292775747



700292775747 12/29/16--01005--017 **125.00



COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: HUBER HOME SERVICES LLC Name of Limited Liability Company
ranie of Emilied Educativy Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSHUA HUBER
Name of Person
Name of Ferson
HUBER HOME SERVICES LLC
Firm/Company
127 456 7 1 55 1 1 55
137 MERIDIAN ST APT 3 Address
Address
TALL 10 200
TACCAHASSEE TO SUBO
TALLAHASSEE FL 32301 City/State and Zip Code JUST JOSH 72@ COMCAST, NET
JUST JOSH 12@ COMCAST, NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tot future information concerning this matter, prease care.
In there are and the raid
JOSH HUBER at (850) 445-5912
Name of Person Area Code Daytime Telephone Number
Epclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed)
(additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HUBER HOME SERVICE	is LCC
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
The state of the s	
The mailing address and street address of the principal office of the L	• • •
ARTICLE II - Address: The mailing address and street address of the principal office of the I Principal Office Address:	Limited Liability Company is: <u>Mailing Address:</u>
The mailing address and street address of the principal office of the I	• • •

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

another business entity with an active Florida registration.)

JOSHUM HUBER 137 MERIDIAN ST Florida street address (P.O. Box NOT acceptable)

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..

Page 1 of 2

(CONTINUED)

chment if necessary) ctive date, if other than the date of filing: oi -oi- 2017 (OPTIONAL) e is listed, the date must be specific and cannot be more than five business days prior to or 90 days nescried in this block does not meet the applicable statutory filing requirements, this date will not be lective date on the Department of State's records. er provisions, if any.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
chment if necessary) ctive date, if other than the date of filing: oi -oi-2017 (OPTIONAL) e is listed, the date must be specific and cannot be more than five business days prior to or 90 days anserted in this block does not meet the applicable statutory filing requirements, this date will not be lective date on the Department of State's records. er provisions, if any. 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. DOSH HUBER Typed or printed name of signee	"MGR" = Manager	Jacob A Harres
chment if necessary) ctive date, if other than the date of filing:	Men	127 MERIDIAN ST APT 3
etive date, if other than the date of filing: Si -01 - 2017		
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etive date, if other than the date of filing: Si -01 - 2017		*
etive date, if other than the date of filing: Si -01 - 2017	(Has attachment if necessary)	
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. Typed or printed name of signee Filing Fees:	ffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 days
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ARTICLE IV-

Page 2 of 2