

3/13/2017

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L1700055821

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000069184 3)))



H170000691843ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608)827-5300
 Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pstuart@odommases.com

2017 MAR 31 PM 8:51
 SECRETARY OF STATE
 TALLAHASSEE, FL 32310

FILED

RECEIVED

17 MAR 13 PM 4:31

BUREAU OF COMMERCIAL
 INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
 Soil Repairs LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 15 2017
 C Kinsey

FAX AUDIT # H170000691843

**ARTICLES OF ORGANIZATION
OF
Soil Repairs LLC**

ARTICLE I NAME

The name of the limited liability company is: Soil Repairs LLC

ARTICLE II ADDRESSThe principal place of business and mailing address of this Limited Liability Company shall be:
17455 25th Road, Lake City, Florida 32024.**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Patricia Stuart, 4641 W US Hwy 90, Lake City, Florida 32055. Located in the County of COLUMBIA.

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.

Signature: Patricia StuartPatricia StuartDate: 3/10/2017**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managers and the names and addresses of the managers of the Limited Liability Company are:

Jimmie Willis, 17455 25th Road, Lake City, Florida 32024

Sherry Willis, 17455 25th Road, Lake City, Florida 32024

Trevor Willis, 17455 25th Road, Lake City, Florida 32024

FAX AUDIT # H170000691843SECRETARY OF STATE
TALLAHASSEE, FLORIDA


2017 MAR 31 PM 8:51

FILED

FAX AUDIT # H170000691843

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Jimmie Willis, Organizer

Date: 3/10/2017

Authorized Representative

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FAX AUDIT # H170000691843