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T. SCOTT



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SUR Appliance 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:	
Scott Van Rijs Name of Person	
Name of Person	
DUK Appliance l'épair	
SUR Appliance Repair	
340 Sandpine Drive	
Address	
Midway FL 32343 City/State and Zip Code Vanci 8a 3@ gmail. com	
City/State and Zip Code	
Vanci 8a 3@ amail. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Scott Van Rijs at (850) 694-0137	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & \int \\$160.00 Filing	Fce.
Certificate of Status ——Certified Copy —— Certificate of S	
(additional copy is enclosed) Certified Copy (additional copy is	e analogad)
(additional copy i	s enclosed)
Matter Addition	
Mailing Address New Filing Section New Filing Section	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

501	R App	liance	Repai	r LL	<u></u>
(Must contain	the words "Limite	d Liability Co	npany, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ess of the principa	l office of the I	Limited Liability	Company is:	
Principal !	Office Address:			Mailing Addre	<u>ess</u> :
340 San Midway,	doine Di FE 3234	<u>r.</u>	340 Mide	Sandpine	Dr 32343
					
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its ov	vn Registered /			ividual or
The name and the Florida street add					
_	<u>Sco#</u>	Van 1	2:is		
		Name			
	340	Sandp	ire Driv	<u>e</u>	

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..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	South Non Orr
MGR -	Scott Van Kijs 340 Sandpine Drive
	Midway, FL 32343
411	
(Use attachment if necessary)	
E V: Effective date, if other than the date of filing	g: (OPTIONAL)
E V: Effective date, if other than the date of filing	g:
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific at of filing.)	nd cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the date of filing petive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in an	applicable statutory filing requirements, this date will not be street in a nauthorized representative of a member.
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific as of filing.) The date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any. Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony	applicable statutory filing requirements, this date will not be records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)