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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE MAR 0 5 2018 **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT: O'Connor's Remodeling and Repair LLC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kevin O'Connor Name of Person
	O'Connor's Remodeling and Repair LLC Firm/Company
	2830 Derringer Court Address
	Orange Park, FL 32065 City/State and Zip Code
<u>ke</u>	evinioconnor1976@gmail.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u>Kevin</u>	O'Connor at 904 G16-3328 Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
☑ \$ 125.0	O Filing Fee Status Sta

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 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:	
O'Connor's Remodeling and Repair LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2830 Derringer Court Orange Park, FL 32065	2830 Derringer Court Orange Park, FL 32065
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Kevin O'Connor	
Name	
2830 Derringer Court Florida street address (P.O. Box I	NOT acceptable)
Orange Park	FL 32065
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gattons of my position as registered agent as provided for in r605, F.S
(CONTINUE	D)
Page 1 of 2	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Kevin O'Connor
	2830 Derringer Court
	Orange Park, FL 32065
	
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
effective date is listed, the date mu: te of filing.)	t be specific and cannot be more than five business days prior to or 90 days a
CLE VI: Other provisions, if any,	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. (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.)

Kevin O'Connor

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)

Page 2 of 2

18 FEB 26 AM 9: 57 SECRETANT OF STATE