# L18000/02254

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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NVISION OF CORF 14TIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2018

JACKIE L. DAVIS JR. 707 59TH TERRANCE EAST BRADENTON, FL 34203

SUBJECT: EPHRAIM HOME SOLUTIONS LLC

Ref. Number: W18000032334

We have received your document for EPHRAIM HOME SOLUTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 718A00006849

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#### **COVER LETTER**

	ew Filing Section vision of Corporations		
SUBJECT:	EPHRAIM Name of Lin	HOME SOLUTION Company	WS LLC
The enclose	ed Articles of Organization and fee(s) are	e submitted for filing.	
Please retur	n all correspondence concerning this ma	tter to the following:	
	Jack.	IE L. DAVIS JE	<u> </u>
	,	SME SOL UTZONS Firm/Company	
	707 59th TE	RRANCE EAST	<u> </u>
-	BradEnten, P EphRAIM Home E-mail address: (to be used	TL 3420.3 ity/State and Zip Code ESOLULIONS @ 9 for future annual report notification)	mgilicom
For further in	formation concerning this matter, please	cail:	
-		rea Code Daytime Telephone Num	
Enclosed is	a check for the following amount:		
\$125.00 Fil	S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy ditional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circ	18 APR 18 1 SELINGTASSEE TALLAHASSEE

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I	Name:
---------------	-------

The name of the Limited Liability Company is:

Eph RAIM HOME SOLUTIONS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
767 59th TERRANCE East	767 59th TERPANEELAST Bradenton, FL 34203	
Bradenton Fl 34203	Bradenton, FL 34203	
77		

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:

Jack: T. L. DAVIS JR.

Name

707 59th TERRAUE EASE

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

Bradenton FL 34203

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JACKIE L. DAVIS JR.
	707 5941 TEAMWE EAST
<del>,</del>	
	<u> </u>
	<del></del>
(Use attachment if necessary)	
f an effective date is listed, the date must be e date of filing.)	date of filing: APRIL 12, 20/8. (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed an ent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	100
	in L varis fr
This document is ex I am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
	KIE L. DAVES JR.
	Typed or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)