L180900263713

(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:

Office Use Only



200321047942



11/15/18--01003--007 **130.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Meddows Home 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:
Tanis whyne meddows Name of Person
1440 hwy 177A Address
Bonifal Florida 32425
Bonifay Florida 32425 City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tahis Meadows at (32425) 850-768-3025 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Meadow & Home Repa	
(Must contain the words "Limited Liabilit	y 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:
2080 hay 177 Benifoy F1 32425	2080 huy 177 Binitag FL 32925

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tanis wayne Meadows

Name

2080 hwy 177

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

130hi Fay FL 32425

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

HINDY 15 AHII: 24

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Tanis mayre meadons 2080 hwy 177 Bonifay Et Daul 25
(Use attachment if necessary)	
date of filing.)	filling: 11-15-18 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed 'State's records.
document's effective date on the Department of TICLE VI: Other provisions, if any.	
document's effective date on the Department of TICLE VI: Other provisions, if any.	
document's effective date on the Department of FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	e meadons
REQUIRED SIGNATURE: Tan, way not signature of a mem This document is executed I am aware that any false in	ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b). Florida Statutes. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

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)