L18000278 141

(Requestor's Name)	_
(Address)	_
(Address)	—
(1.63.000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	
Certified Copies Certificates of Status	
Considerations to Siling Officer	\neg
Special Instructions to Filing Officer:	
	-

Office Use Only



FILED FILED FILED FILED AND SELECTARY OF SAME

12/05/18--01015--001 **155.00

D O'KEEFE DEC - 5 2018

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Florida Screen Repairs 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:	
Gilbert Gardis	-
18148 Wolbrette Cir	-
Port Charlotte FL 33948	-
City/State and Zip Code Geemoney 83 0 Vahoo, Com E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\int \text{\$125.00 Filing Fee} \text{\$\int \$130.00 Filing Fee & Certificate of Status} \text{\$\int Certified Copy (additional copy is enclosed)} \$\int Certified Copy (additional copy is enclosed	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E 1 -	Name:
--------	-------	-------

The name of the Limited Liability Company is:

Florida Screen Ropairs L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "ELC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
18148 Wolbrette C.C	Same
Port Charlotte FL-339 48	

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:

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

Port Charlotte FL 33948

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)

2010 DEC -S ANIO: 50

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
A		
MGR	Gilbert Gordils	
M C N	port Charlotte FL 33448	
101 CV	Anthory Sarro	
	Venice, #1 74293	
fective date is listed, the date must be of filing.) If the date inserted in this block does n	date of tiling:	
E.V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will no	
EV: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will no	
LE V: Effective date, if other than the of fective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of:	especific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.	t be list
LE V: Effective date, if other than the of fective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: This document is ex 1 am aware that any	ot meet the applicable statutory filing requirements, this date will not ent of State's records. Member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State	t be list
LE V: Effective date, if other than the of fective date is listed, the date must be of filing.) I'the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of: This document is ex 1 am aware that any constitutes a third do	ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member, ecuted 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.	t be list
EV: Effective date, if other than the of fective date is listed, the date must be of filing.) I'the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of: This document is ex 1 am aware that any constitutes a third do	ot meet the applicable statutory tiling requirements, this date will not ent of State's records. I member or an authorized representative of a member, ecuted 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. Typed or printed name of signee	t be list
EV: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: This document is ex I am aware that any constitutes a third de Gibbe	ot meet the applicable statutory tiling requirements, this date will not ent of State's records. I member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	t he list
LE V: Effective date, if other than the of feetive date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: This document is ex 1 am aware that any constitutes a third de	ot meet the applicable statutory tiling requirements, this date will not ent of State's records. I member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. OH GOLD Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent (d)	t be list