## L1900021974

| (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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Office Use Only



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## COVER LETTER

| TO: New Filing Section Division of Corporations   |
|---|
| SUBJECT: Andre's Affordable Home Repail 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:   |
| Andre Freith Name of Person   |
| Name of Person  |
|   |
| 1380 Seffold d  |
|   |
| Gordon AL 36343.  |
| Cordon AL 36343.  City/State and Zip Code  and/2 Fruta 1110 yahoo.com  E-mail address: (to be used for future annual report notification)                                       |
|   |
| For further information concerning this matter, please call:  |
| And 12 at 334, 655 7855  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address New Filing Section  Street Address New Filing Section   |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Ft. 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Andre's Attordable   | Home Repair 11c                         |  |
|--|---|--|
| <br>(Must contain the words "Limited Li  | iability Company, "L.L.C.," or "LL.C.") |  |
| <ul> <li>H - Address:</li> <li>address and street address of the principal of</li> </ul> | Constitution of Carling Comments        |  |

| Principal Office Address: | Mailing Address: |
|---------------------------|------------------|
| Same                      | 1380 Saffold 15  |
|                           | Gordon AL 36343  |
|                           |                  |

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 1 - Name:

The name of the Limited Liability Company is:

Andre Frutt.

Name

5884 Shady Rest od.

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

Havena FL 36343

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)

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

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

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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