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C RICO JAN 29 2020

COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT:	Name of Lim	ome Improvi	ment LLC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
	corge W.	Conibeat Name of Person	·
		Name of Person	
	Conibear	Home IMPT. Firm/Company	overneut LLC
6	20740 Pou	vell Rd.	
		F1. 34431 tv/State and Zip Code	
 		1@ Gmail.	
ı	E-mail address: (to be used)	for future annual report notificati	on)
For further information co	ncerning this matter, please	call:	
<u>Cocorge</u>	e Coniberri	3(5) 532-5 ea Code Daytime Telephone	3 5 7 e Number
Nam	ic of reison - 74	ea code Sayame relephon	Civamber
Enclosed is a check for t	he following amount:		,
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	E\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailie	na Address	Stroot Addrocc	

Mailing Address

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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	George Conibear 20740 Powell Rd. Dunnellon, Fl. 34431
(Use attachment if necessary)	
If an effective date is listed, the date must be he date of filing.)	date of filing: 1-22-20. (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Ty W. Conti
Signature of a	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

George w. Conibear
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)

20 JAN 29 PH 2: 46

JIVISION OF CORPORATIONS

COVERLETTER

TO: New Filing Division of	Section Corporations		
SUBJECT:	Conibear H Name of Lin	lowie Tinprou nited Liability Company	ment lic
The enclosed Article	s of Organization and fee(s) are	e submitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	George W.	Conibear Name of Person	
	Conibear	Home IMpr Firm/Company	ovement LLC
	20740 Pou	Jell Rd. Address	
	N	F1 >44>1	
	COUNTERIOR	ity/State and Zip Code © 6 mail. for future annual report notificat	· · · · · · · ·
	GWPCO	ie Gmail.	Coin
	E-mail address: (to be used	for future annual report notificat	ion)
For further information	concerning this matter, please	e call:	
Geo	re Conibeam	315) 53≥-5 rea Code Daytime Telephon	357
}	Name of Person A	rea Code Daytime Telephon	ne Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	e □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	niling Address	Street Address	
New Filing Section		New Filing Section D The Centre of Tallah	
יוכו	vision of Corporations	the Centre of Tanan	entrare to

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	
MOK	George Conibear 20740 Powell Rd. Dunnellon, Fl. 34431
	Dunnellon, F1. 34431
	,
(Use attachment if necessary)	
·	
	of filing: 1-26-2020. (OPTIONAL)
	cific and cannot be more than five business days prior to or 90 days after
the date of filing.)	and the conditionable statestone. Climate annulus and the data will be a bounded as
the document's effective date on the Department o	eet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	i State 5 records.
ARTICLE VI: Other provisions, if any.	
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	·
REQUIRED SIGNATURE:	
	w. Com
V	- W. / www.

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.

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)

20 JAN 29 PM 2: 46

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