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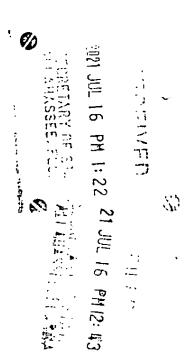
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Office Use Only



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D O'KEFFE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: WEBSTER'S "ON SITE REPAIR" LL 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:	
DEMETRIUS L WEBSTER Name of Person	
WEBSTER'S ON SITE REPAIR	
1630 BAIKIN Rd 607 95	
Vaaics	
TALLAHASSEE FLORIDA 32305 City/State and Zip Code DEMOTRIUS WEBSTER 1958 - DEMETRIUS WEBSTER 1958 BY AHOU. CO	
City/State and Zip Code	.
E-mail address: (to be used for future annual report notification)	<i>y</i> 1
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

WEBSTER'S ON SITE REPAIR' L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

	incipal Office Address:		Mailing Addre	
1630	BAIKIN Rd LO	<u> </u>	630 BALKINI RE	V LOT95
he Limited Liability Con	d Agent, Registered Office, & apany cannot serve as its own I h an active Florida registration	Registered Agent. Y	t's Signature: ou must designate an ind	lividual or
ie name and the Florida's	treet address of the registered	agent are:		
	DEMETRIUS	L WEBSTE	Λ	
	[130 Bulkin] Florida street address	<i>P.J. Lot 95</i> (P.O. Box NOT ac	centable)	
	TA MAHASSEE	State	Zip	
ce designated in this certi, her agree to comply with	ered agent and to accept service icate. I hereby accept the appoon the provisions of all statutes religions of my position a statute. Nemture Registe	intment as registere lating to the proper s s registered agent a	d agent and agree to act i and complete performanc s provided for in Chapter	n this capacity. I we of my duties, and I
	Registe	red Agent's Signati	ire (REQUIRED)	
		(CONTINUED)		50

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	1 WCR-T-
AMBR	11.30 BALKIN Rd LOT 95
	DENIETRIUS L WEBSTER 1670 BAKKIN Rd LOT 95 Florida, TALIAHASE 32305
	,
(Use attachment if necessary)	
TLE V: Effective date, if other than the ffective date is listed, the date must of filing.) If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be lis
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block do unent's effective date on the Department's effective date on the Department's effective date on the Department in Signature This document is 1 am aware that a	es not meet the applicable statutory filing requirements, this date will not be list artment of State's records. Lucy Local of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes. The state information submitted in a document to the Department of State.
I.E. V: Effective date, if other than the frective date is listed, the date must of filing.) If the date inserted in this block do unent's effective date on the Department's effective date on the Department's effective date on the Department is a factorized by the free filing of the free free filing of the f	es not meet the applicable statutory filing requirements, this date will not be list artment of State's records. Thus I Whater of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

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