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	(Requestor's Name)
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PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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D. O'KEEFE

COVER LETTER

Division of Corporations	
SUBJECT: DEM Maintenance & Hon Name of Limited Liability Co	ne Repairs UC
The enclosed Articles of Organization and fee(s) are submitted for fi	iling.
Please return all correspondence concerning this matter to the follow	ving:
Eugene D. Vuillia.	m 5
DEM Maintenance & Firm/Compar	Home Papairs LLC
2204 Holfon St ?	9
Address	
Tyll ghassee F/ City/State and Zip genewilliams 0726@gn E-mail address: (to be used for future aimua	323/0
City/State and Zip	Code
genewilliams 0726@Gn	nail-com
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, please call:	Ireport notification) AN 20 AN 20
Furn	
Name of Person Area Code D	25/- 1090 75
Name of Person Area Code Di	251-7090 FS aytime Telephone Number 98 A 36
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □	
New Filing Section New	et Address Filing Section Division Centre of Tallahassee

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT!	CL	F	ı	- Na	nie:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability 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:			
2204 Hollon 5+	2204 Holton St			
Tall F/ 32310	TG11 F1 32310			
, , , , , , , , , , , , , , , , , , ,				

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:

Eugene	D. Will	lams
	Name	
2204 M	Oltun St	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
Tallahassa	PE F/ _	323/0
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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ARTICLE IV-

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

Title: "AMBR" = Authori:	zed Member	Name and Address:		
"MGR" = Manager	<u> </u>	Eusene D. Williams 2204 Hollon St Tall Fl 32310 Tallahassiee		
the date of filing.)	if other than the date of the date must be specifithis block does not meet	filing: // 20/ 2022 (OPTIC and cannot be more than five business days port the applicable statutory filing requirements, this State's records.		
ARTICLE VI: Other provisio	ns, if any.			
	Signature of a memb	D. Williant per or an authorized representative of a membe	r.	
I am	aware that any false inf stitutes a third degree fel	in accordance with section 605.0203 (1) (b), Flori formation submitted in a document to the Departm lony as provided for in s.817.155, F.S.	da Statutes. nent of State	
	T	yped or printed name of signee	1 71 1	2022

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)