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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Cert. Copy				Dissolution / Withdrawal
Photo Copy				Annual Report / Reinstatement
Certificate of Good Standing				Cert. Copy
Certificate of Status				Photo Copy
Certificate of Fictitious Name				Certificate of Good Standing
Corp Record Search				Certificate of Status
Officer Search				Certificate of Fictitious Name
Fictitious Search				Corp Record Search
Fictitious Owner Search			<u> </u>	Officer Search
Vehicle Search				Fictitious Search
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COVER LETTER

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SUBJECT		PERFORMANCE	AND R	EPAIR LL	С	
oobite.	,	Name	of Limi	ited Liabili	y Company	
The enclos	ed Articles of	Organization and fe	c(s) are	submitted	for filing.	
Please retu	rn all correspo	ondence concerning	this mat	ter to the fi	illowing:	
	LENTON S	мітн				
				Name of	Person	
				Firm/Cor	npany	
	7420 NW 8	7 CT				
				Addre	ss	
	OKEECHO	BEE, FL 34972				
			Cit	ty/State and	Zip Code	
	·	E-mail address: (to b	c used f	for future a	nnual report notificat	(noi
For further i	nformation co	ncerning this matter	, please	cell:		
	MICHELE F	RODRIGUEZ	772 at (460-6786)	
	Мап	ne of Person	- '	ea Code	Daytime Telephor	ne Number
Enclosed i	s a check for t	he following amount	!;			
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & tus	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	1 / 21				Pa A . A . A	

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

COVER LETTER

	w Filing Sec vision of Cor				
SUB TECT.		PERFORMANCE AND	REPAIR LL	C	
SUBJECT:		Name of Li	mited Liabilit	y Company	
The enclose	d Articles of	Organization and fee(s) a	re submitted f	or filing.	
Please return	all correspo	ondence concerning this m	atter to the fo	llowing:	
	LENTON S	мітн			
-			Name of I	erson	
•	<u> </u>		Firm/Con	npany	
	7420 NW 87	СТ			
-			Addre	53	
	OKEECHO	BEE, FL 34972			
-		(City/State and	Zip Code	
		5-mail address: (10 be used	d for future ar	nual report notificati	on)
For further in	formation co	ncerning this matter, pleas	se call:		
:	MICHELE R		772	460-6786	
_	Nam		Ares Code	Daytime Telephon	c Number
To should be	المستحداد والمساد	to Callender			
Enclosed is	a check for the	he following amount:			
□\$125.001	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:		
	ORMANCE AND REPAIR		
(Must c	ontain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal of	Tice of the Limited	Liability Company is:
Prin	cipal Office Address:		Mailing Address:
7420 NW 87 CT		742	0 NW 87 CT
OKEECHOBEE,	FL 34972		EECHOBEE, FL 34972
(The Limited Liability Comp another business entity with The name and the Florida str	an active Florida registration	n.)	You must designate an individual or
	LENTON SMITH		
		Name	
	7420 NW 87 CT		
	Florida street address	(P.O. Box NOT	acceptable)
	ОКВЕСНОВЕЕ	FL	34972
	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)



<u>litte:</u>	Name and Address:
AMBR" = Authorized Member MGR" ≈ Manager	
•	
AMBR	LENTON SMITH 7420 NW 87 CT
	OKEECHOBEE, FL 34972
MGR	MARY SMITH
	7420 NW 87 CT
	OKEECHOBEE, FL 34972
-	
	
V: Effective date, if other than the d tive date is listed, the date must be filing.) he date inserted in this block does no	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
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ARTICLE IV-