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## COVER LETTER

	w Filing Section vision of Corporations
SUBJECT:	At's-Right Appliance Repair, LLC
	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
I	Brandon Christopher Kendall
_	Name of Person
F	At's-Right Appliance Repair, LLC
_	Firm/Company
1	06 SW 8th Drive
_	Address
W	Villiston, FL 32696
Bra	City/State and Zip Code
<del></del>	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Bra	andon Christopher Kendall 352 222-2083
	Name of Person Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
□\$125.00 Fili	
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ontain the words "Limited	d Liability Compa	w"I C "or"I C"	
	Chillie	a Diaoniny Compai	ly, L.L.C., Of LLC.	
RTICLE II - Address:	et address of the minute-1		11.1.11	
ne mailing address and stree	or address of the principal	office of the Limit	ed Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
106 SW 8th Drive		10	06 SW 8th Drive	
Williston, FL 326	596		illiston, FL 32696	
RTICLE III - Registered /	Agont Desistered Occ	0.0		
he Limited Liability Commo		· control of	ent s signature.	
ie Emace Claumty Compa	any cannot serve as its ow	n Registered Agen	t. You must designate an individual o	Γ
other business entity with a	ın active Florida registrati	on.)		
e name and the Florida stre	et address of the registere	d agent are:		
	Brandon Christophe	r Kendall		
		Name		
	106 SW 8th Drive			
	Florida street addres	ss (P.O. Box NOT	accentable)	
			ucceptable)	
	Williston	Florida	32696	
	City	State	Zip	
na haan namad as vacistava	danamenude			
	u ageni ana io accept servi	ice oj process for ti	ie above stated limited liability compa	ny at t
decimated in this small	te, i hereby accept the app	ointment as registe	red agent and agree to act in this cape	icity.
: uesignatea in inis certificat			er and complete newformer as af de	
er agree to comply with the l	provisions of all statutes re	eiaiing to the prope	condition below mance th utt. (11)	ucs, a
er agree to comply with the l	provisions of all statutes re	eialing to the prope as registered agent	as provided for in Chapter 605, F.S.	иех, а
er agree to comply with the l	provisions of all statutes re	eiaung to the prope as registered agent f	as provided for in Chapter 605, F.S	нех, а
er agree to comply with the l	provisions of all statutes re	as registered agen	as provided for in Chapter 605, F.S	иех, а
er agree to comply with the l	provisions of all statutes re	as registered agent	as provided for in Chapter 605, F.S	иех, а
no heen named as recistare.	te. I hereby accept the app	Diniment as registe	ne above stated limited liability compared agent and agree to act in this cape	

(CONTINUED)

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**ARTICLE IV-**The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Brandon Christopher Kendall 106 SW 8th Drive Williston, FL 32696 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_FEO (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.

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.

Brandon Christopher Kendall

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)