L23000335191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)
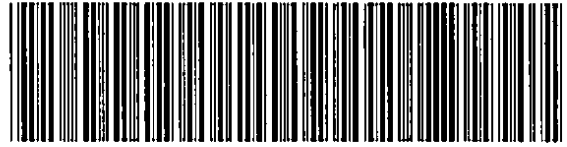
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

07/17/23--01006--003 **130.00

2023 JUL 17 AM 9:17

COVER LETTER

SUBJECT: ___Honor And Legacy Appliance Repair LLC___
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:

___Joshua M Miller___
Name of Person

___Honor And Legacy Appliance Repair___
Firm/Company

___12220 Atlantic Blvd STE# 130___
Address

___Jacksonville, FL 32225___
City/State and Zip Code

___JoshuaMiller8450@gmail.com___
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

___Joshua Miller___ at (_838_) _333·9236_
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   Certificate of Status &
                                                  (additional copy is enclosed)   Certified Copy
                                                                           (additional copy is enclosed)

Mailing Address	**Street Address**
New Filing Section	New Filing Section Division
Division of Corporations	The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Honor And Legacy Appliance Repair

(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:

122 8th St West Apt 601 JACKSONVILLE, FL 32206

Mailing Address:

12220 Atlantic Blvd STE 130 Jacksonville, FL 32225

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:

Joshua Miller

Name

122 WEST 8TH ST

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville   FL   32206

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)

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

Title: **Name and Address:**
"AMBR" = Authorized Member
"MGR" = Manager

CEO/MGR   _Joshua Miller_
                                            122 8th St West Apt 801
                                            Jacksonville, FL 32225

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _August 15, 2023_ (OPTIONAL)
(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.

REQUIRED SIGNATURE:

[signature]

Signature of a member of 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.

Joshua M Miller
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)