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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Codified Conins |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

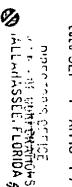


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| | Filing Section ion of Corporations | | |
|--------------------|--|---|--|
| SUBJECT: _ | Remnant R | vestoration | LLC |
| The enclosed A | Articles of Organization and fec(s) are | submitted for filing. | |
| Please return a | Il correspondence concerning this ma | tter to the following: | |
| | David | Name of Person | |
| | | Name of Person | |
| | Remnar | it Restora | Iron LLC |
| | | Firm/Company | |
| | 19306 | N by No | orth west R |
| | | | |
| | Tallahussee | FL. 32. | 3 10 |
| | david ar | ty/State and Zip Code といってニャナトラくす | orstion, som |
| | E-mail address: (to be used | for future annual report notification | on) |
| For further inform | nation concerning this matter, please | call; | |
| | Name of Person Ar | 700) 829 - en Code Daytime Telephone | |
| Enclosed is a cl | neck for the following amount: | | |
| □\$125.00 Filii | ng Fee 300,00 Filing Fee & fitticate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | OS160.00 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 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of | A - Name: of the Limited Liability Company is: | | |
|-------------|---|---|---|
| | Reminant | Restoration L.LC. | |
| · | (Must contain the words "Lim | ited Liability Company, "L.L.C.," or "L.LC.") | • |
| | II - Address: g address and street address of the princi | pal office of the Limited Liability Company is: | |
| | Principal (Affice Address | Maritimes Address or | |

| Tallahasse Ei 32310 | 306 N bNorthwest Rd & Same I | r i incipai () | nee Address. | Maning Addr | ess: |
|--|------------------------------|----------------|------------------|-------------|---------|
| Tallahassee Fi 32310 | Hubister F1 37310 := | 19306 K | 5 BNOR hourst Rd | Sarni | - ا |
| | | Tallahassee | FL 37310 | | |
| TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | | | | | <u></u> |

The name and the Florida street address of the registered agent are:

Name

19306 No Dy No Ahwest - Red

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

Talkhasse FL 32310

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 Jamiliar 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:

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager | ~ / ~ · |
| NOGE- | David Coleman |
| | 19306 10 by Worth - 157 Fed |
| | 14,114,436 |
| | <u> </u> |
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| (Use attachment if necessary) | |
| the date of filing.) | of filing: 9-1-23 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records |
| ARTICLE VI: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | di |
| Signature of a me | mber or an authorized representative of a member. |
| | ted in accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State |
| constitutes a third degree | e felony as provided for in s.817.155, F.S. |
| <u> </u> | Typed or printed name of signee |
| | Typed or printed name of signee |
| | Filing Fees: |
| \$125.00 Filing Fee for Articles of Or -\$.30.00 Certified Copy (Optional) | ganization and Designation of Registered Agent |

\$ 5.00 Certificate of Status (Optional)