

L23000515164

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RONALD J MARLOWE PA
Account Number : I20230000141
Phone : (813)575-0000
Fax Number : (813)575-5050

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
ron@marlowe.law

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FLORIDA LIMITED LIABILITY CO.

Nailed

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
NAILED IT! HOME REPAIR, LLC**

ARTICLE I – NAME

The name of the limited liability company is Nailed it! Home Repair, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

314 W Wilder Ave
Tampa, Florida 33603

Mailing Address:

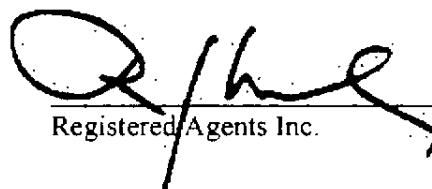
314 W Wilder Ave
Tampa, Florida 33603

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Registered Agents Inc.
7901 4th Street North, Suite 300
St. Petersburg, FL 33702

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 Agents Inc.

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager


"AMBR" = Authorized Member

AMBR

Joshua Lawter
314 W Wilder Ave
Tampa, FL 33603

2023-11-15 04:38:30
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/15/23 BY 60322 UCBAW

REQUIRED SIGNATURE:



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.

Joshua Lawter

Typed or printed name of signee

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