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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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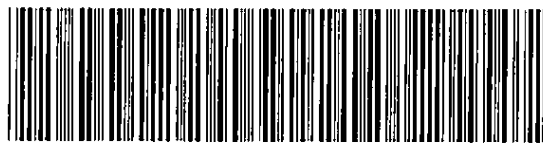
(Business Entity Name)

(Document Number)

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Home Repair Experts PSL, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

N Richard Schopp  
N. Richard Schopp, PA  
453 NW Prima Vista Blvd.  
Port St. Lucie, FL 34983  
E-mail address (to be used for future annual report notification): gonzo7154@gmail.com and  
nrspa@bellsouth.net

For further information concerning this matter, please call:

N Richard Schopp at (772) 878-4120 or email nrspa@bellsouth.net

Enclosed is a check for the following amount: \$155.00 Filing Fee and Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee

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**ARTICLES OF ORGANIZATION  
OF  
HOME REPAIR EXPERTS PSL, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is Home Repair Experts PSL, LLC.  
("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
5818 NW Allyse Drive  
Port St. Lucie, Florida 34986

Mailing Address:  
5818 NW Allyse Drive  
Port St. Lucie, Florida 34986

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

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

Ronald T. Gonzalez  
5818 NW Allyse  
Port St. Lucie, Florida 34986

*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.*



Ronald T. Gonzalez

**ARTICLE IV - MANAGERS OR MEMBERS**

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Ronald T. Gonzalez  
5818 NW Allyse Drive  
Port St. Lucie, Florida 34986


AMBR

Timothy David Crouch  
549 NW Biscayne Drive  
Port St. Lucie, Florida 34983

#### ARTICLE V - OTHER MATTERS

The parties will engage in home repairs, and light contractor work

#### 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.

Ronald T. Gonzalez

\_\_\_\_\_  
Typed or printed name of signee

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CLERK OF COURT  
STATE OF FLORIDA