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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: KEREd Home Repair & ReNovation Name of Limited Liability Company	us LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Derek S CAMpbell	
value of t crawii	
Firm/Company	
Firm/Company	[]]
28/9 Hickory Case ct Address OHando ff 328/8 City/State and Zip Code DEREK S C 1 @ Hotmail. Com E-mail address: (to be used for future annual report notification)	; 77 ;
Address	
OHando fl 32818 5	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
D 1000 11 001 1100 0001	
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 & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

KERED HOME REPAIR & RENOVATION LLC
(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:	Mailing Address:	
2819 Hickory CoveCT	2819 Hickory Cove	cT
ORLANDO EI	ORLANDO AT	
32818	328/8	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)		2

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

DEREK S CAMPbell

Name

2819 Hickory Cove et

Florida street address (P.O. Box NOT acceptable) ORLANDO EL 328/8'
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager \widehat{AmBR}	DEREK S CAMPBELL 2819 HICKORY COVE CT ORLANDO FL 32818
	ORLANDO \$1 32818
_AMBR	TONIE L CAMPBELL 2819 HICKON COVE CT
	08LHNDO 4/ 32818
	· -; · -; · - :
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(Use attachment if necessary)	2 2 2 2
effective date is listed, the date must b te of filing.)	date of filing: Oct 15th 2020 (OPTIONAL) - de specific and cannot be more than five business days prior to of 90 day
If the date inserted in this block does in cument's effective date on the Departit	not meet the applicable statutory filing requirements, this date will not be latent of State's records.
CLE 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.

DEREK S Campbell
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)