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COVER LETTER

New Filing Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Expert Service, Ho Name of Limited Liability	ome Repairs and Remodeling
The enclosed Articles of Organization and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fol	lowing:
Michael Nahoom Name of Pe	erson
	me Repairs and Repadeling
1926 Shelhy Court	HAR J
/ Addres	s The second sec
Tallahassee, FL 323 City/State and Mike McVaya amil E-mail address: (to be used for future and	Zip Code 55 55 nual report notification)
For further information concerning this matter, please call:	
Paul ASKKey at (850) Name of Person Area Code	Daytine Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	00 Filing Fee & Status Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Filing Section N Division of Corporations T	treet Address ew Filing Section Division he Centre of Tallahassee 415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Expert Service Home Repairs and Remodeling, L. (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:
1926 Shelby Court Same Tallahased, F-L 32308
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:
Michael M. Nahoom Name 1926 Shelby Ct.
Name 173
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32308 7 3
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
Michael M. Kaloon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Michael McVay Nahoon 1926 Shelly Eacht 32308
AMBR	Paul J. Askey 1107 Mimosa Drive S. B. Tallahassee, F-632312 B.
	24 F
	<u></u>
(Use attachment if necessary)	
he date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1 m. Nahoon
Signature of a m This document is executed that any fall the analysis of the control of the cont	nember or an authorized representative of a member, auted in accordance with section 605.0203 (1) (b), Florida Statutes, ase information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Mich	Typed or printed name of signee

ARTICLE IV-