

L16000163042
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : I20040000104
Phone : (904)366-1500
Fax Number : (904)366-1501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: acribovich@bmdllc.com

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16 AUG 31 AM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
Eagle View Windows, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Do 9/1/16

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Eagle View Windows, LLC
Consent for Use of Similar Name

The name of the entity giving consent: Eagle View Windows, Inc.

The Florida Document Number of the entity giving consent: P13000057022

Gives consent to: Eagle View Windows, LLC

To use the name: Eagle View Windows, LLC

By signing and submitting this form to the Florida Secretary of State, the undersigned hereby certifies that he has the requisite authority to execute this document.

Eagle View Windows, Inc.

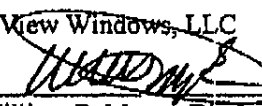
By:


William P. Myers

Its: Director and CEO

Eagle View Windows, LLC

By:


William P. Myers, Director and CEO
of Eagle View Windows, Inc., its
Manager

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eagle View Windows, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrian C. Ribovich, Esq.
Name of Person
Brennan, Manna & Diamond, LLC
Firm/Company
75 East Market Street
Address
Akron, Ohio 44308
City/State and Zip Code
acribovich@bmdllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian C. Ribovich, Esq. at 330 253-5060
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eagle View Windows, LLC

(Must end with 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:

13340 International Parkway
Building III
Jacksonville, FL 32218

13340 International Parkway
Building III
Jacksonville, FL 32218

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:

Paul J. Arseneault

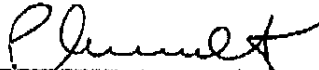
Name

13340 International Parkway, Building III

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

Jacksonville FL 32218
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..



Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Eagle View Windows, Inc.</u>
	<u>13340 International Parkway, Building III</u>
	<u>Jacksonville, FL 32218</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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.

William P. Myers
 Typed or printed name of signer

- Filing Fees:**
- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE, FLORIDA

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