

Andy Smith
Requestor's Name
12542 Waterfront Drive
Address
Tallahassee FL 32312 894-8619
City/State/Zip Phone #

Office Use Only

CORPORATION NAME (SEE DOCUMENT NUMBER(S)), (if known)

1. TACQUIN SIDING, LTD. CO.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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****465.00 ****155.00

- ☐ Walk in ☐ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 14 PM 1:06

RECEIVED
02 OCT 14 PM 1:05
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

Examiner's Initials

10/14/02

ARTICLES OF ORGANIZATION

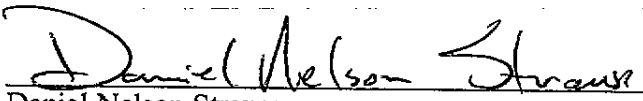
TALQUIN SIDING, LTD. CO.

A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

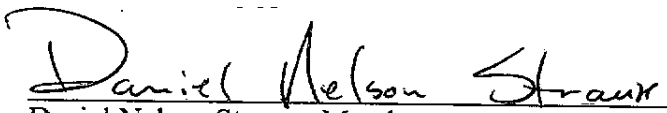
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 14 PM 1:06

1. **Name.** The name of the limited liability company is TALQUIN SIDING, LTD. CO.
2. **Purpose.** The purpose of this limited liability company includes the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the company is 1551-6 Capital Circle SE, Tallahassee, Florida 32301.
4. **Mailing Address.** The mailing address of the limited liability company is 1551-6 Capital Circle SE, Tallahassee, Florida 32301.
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is Daniel Nelson Strauss, 1551-6 Capital Circle SE, Tallahassee, Florida 32301.

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 608, F.S.


Daniel Nelson Strauss

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing.


Daniel Nelson Strauss, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts herein are true and correct.)