

LO3000011942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

4/1 FL LC  
CG+LVS

Office Use Only



500014777805

MJH

04/02/03--01037--002 \*\*160,00

FILED  
03 APR -1 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Absolutely The Best Roofing Company**

201 N. Riverside Drive, #203  
Pompano Beach, FL  
33062

March 31, 2003

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

To Whom It May Concern:

Please find enclosed my Articles of Organization for **Absolutely The Best Roofing Company, LLC**.

I have enclosed a certified bank check for the Filing fees, Designation of Registered Agent, Certified Copy, and Certificate of Status.

Thank you for you help in this matter.

Respectfully yours,

  
J. Michael Schmitt

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
Absolutely The Best Roofing Company, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
201 N. Riverside Drive, #203  
Pompano Beach, FL 33062

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

J. Michael Schmitt

Name

201 N. Riverside Drive, #203

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

Pompano Beach

FL 33062

City, State, and 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 608, F.S.*

*J. Michael Schmitt*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*J. Michael Schmitt*

Signature of a member or an authorized representative of a member.

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

*J. MICHAEL SCHMITT*

Typed or printed name of signer

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

03 APR - 1 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED