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DIVISION OF CORPORATION

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Conley's Re Roofing Inc

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- ☐ Certificate of Fictitious Name
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- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
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**ARTICLES OF ORGANIZATION**  
**OF**  
**CONLEY'S RE-ROOFING, LLC**

The undersigned hereby present(s) these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

**ARTICLE I**

The name of the Limited Liability Company is Conley's Re-Roofing, LLC.

**ARTICLE II**

The address and mailing address of the Limited Liability Company is 6837 Conley Drive, Polk City, Florida 33868.

**ARTICLE III**

**DURATION**

The Limited Liability Company shall have perpetual existence, commencing on the date of the execution and acknowledgement of these Articles of Organization.

**ARTICLE IV**

**PURPOSE**

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

**ARTICLE V**  
**MANAGEMENT**

The Limited Liability Company is to be a manager-managed company with the following individuals as managing member and/or member, as indicated:

- 1) Clyde S. Conley, Sr. – Managing Member
- 2) Vesta D. Conley – Member

**ARTICLE VI**  
**EXERCISE OF POWERS**

All limited liability company powers shall be exercised by or under the authority of, and the business and affairs of this Limited Liability Company shall be managed under the direction of, the members of this Limited Liability Company. This Article may be amended from time to time in the regulations of the limited liability company by a unanimous vote of the members of the Limited Liability Company. In the event of disagreement between the managing members and/or members of this Limited Liability Company, the decision of CLYDE S. CONLEY, SR., shall prevail.

**ARTICLE VII**  
**PROFITS AND LOSSES**

The profits and losses of this Limited Liability Company shall be divided as follows to the managing members of this Limited Liability Company:

- |    |                      |     |
|----|----------------------|-----|
| 1) | Clyde S. Conley, Sr. | 90% |
| 2) | Vesta D. Conley      | 10% |

**ARTICLE VIII**

**INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT**

The street address of the initial Registered Office of the Limited Liability Company is 6837 Conley Drive, Polk City, Florida 33868 and the named of the initial Registered Agent of the Limited Liability Company at that office is CLYDE S. CONLEY, SR..

IN WITNESS THEREOF, the undersigned, being authorized representatives of the Members of the Limited Liability Company, have executed these Articles of Organization this \_\_\_\_ day of November, 2003.

Clyde S. Conley SR.  
CLYDE S. CONLEY, SR.

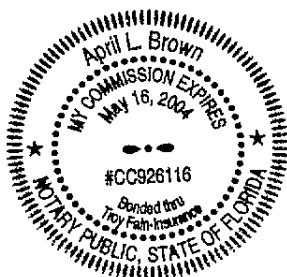
Vesta D. Conley  
VESTA D. CONLEY

**STATE OF FLORIDA  
COUNTY OF POLK**

The foregoing Articles of Organization were acknowledged before me this 17<sup>th</sup> day of November, 2003, by CLYDE S. CONLEY, SR., as an authorized representative of a Member of the Limited Liability Company, who is personally known by me.

April L. Brown  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE  
Printed Name: April L. Brown  
My Commission Expires: 05/16/04  
My Commission No.: CC926116

(SEAL)



**STATE OF FLORIDA  
COUNTY OF POLK**

The foregoing Articles of Organization were acknowledged before me this 17<sup>th</sup> day of November, 2003, by VESTA D. CONLEY, as an authorized representative of a Member of the Limited Liability Company, who is personally known by me or has produced \_\_\_\_\_ as identification.



April L. Brown

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

Printed Name: April L. Brown

My Commission Expires: 05/16/04

My Commission No.: 0C926116

**CERTIFICATE OF DESIGNATION**  
**OF**  
**REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:**

- 1) The name of the Limited Liability Company is Conley's Re-Roofing, LLC.
- 2) The name and street of its initial Registered Agent and initial Registered Office are:

Clyde S. Conley, Sr.  
6837 Conley Drive  
Polk City, Florida 33868

*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, Florida Statutes.*

  
\_\_\_\_\_  
CLYDE S. CONLEY, SR.  
Registered Agent