

L03000046244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

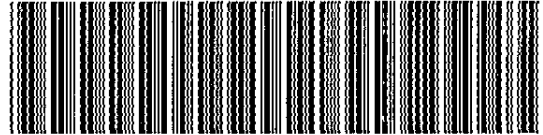
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/20/03--01041--020 **125.00

RECEIVED
03 NOV 20 AM 11:37
STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

BK

FILED
03 NOV 20 PM 2:22
TALLAHASSEE, FLORIDA
DATE
11/21/04

CAPITAL CONNECTION, INC.

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

State Soffit & Siding, Inc.

Signature _____

Requested by: _____

Name _____

11/20/03
Date

9:43
Time

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

FILED
03 NOV 20 PM 2:22
TALLAHASSEE, FLORIDA
EFFICIENT DATE

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
03 NOV 20 PM 2:22
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
11/03/20

ARTICLE I - Name:

The name of the Limited Liability Company is:

STATE SOFFIT & SIDING, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

412 New JERSEY AVE
HAWTHORNE, FL 32640

Mailing Address:

412 New JERSEY AVE
HAWTHORNE, FL 32640

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

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

FRED BARLOW

Name

412 New JERSEY AVE

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

HAWTHORNE FLORIDA 32640

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, Florida Statutes..

Fred Barlow

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

FRED BARLOW
412 NEW JERSEY AVE
HAWTHORNE, FL 32640

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is required.

REQUIRED SIGNATURE:

Fred Barlow
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.)

FRED BARLOW
Typed or printed name of signee

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)

State Soffit & Siding, LLC

Article IV:

Effective date is January 1, 2004