

W03000046742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

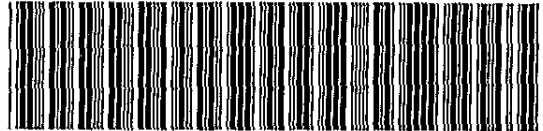
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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA



4711 N.W. 53rd Avenue  
Gainesville, FL 32606  
Phone (352) 373-1080  
Fax (352) 373-5110

Members of  
American Institute of CPA'S  
Florida Institute of CPA'S  
National Association of Certified Valuation Analysts

William F. McDavid, CPA\*, CVA  
Suzannah D. Gudmundsen, CPA\*  
Nora C. Rockwell, CPA\*  
Patricia A. Cucchiara, CPA\*, CVA  
\*CPA's regulated by the State of Florida

November 13, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: T.C. Roofing and Gutter Helmet, LLC

Please find enclosed a check in the amount of \$125 for Articles of Organization filing fee (\$100) and Designation of Registered Agent fee (\$25).

Please do not hesitate to call should you have any questions. Thank you for your assistance in this matter.

Very truly yours,

McDavid and Company

A handwritten signature in black ink, appearing to read "William F. McDavid".

William F. McDavid, CPA

Enclosure  
cc: Charles  
WFM:chc

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

T.C. Roofing and Gutter Helmet, LLC

## ARTICLE II - Address:

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

3528 N.W. 52nd Avenue, Gainesville, FL 32605

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

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

Charles S. Dixon

3528 N.W. 52nd Avenue

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

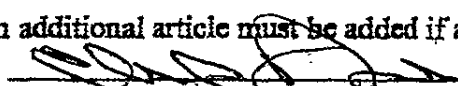
Gainesville, FL 32605

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.*

  
Registered Agent's Signature

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

  
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.)

Charles S. Dixon

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)

FILED  
03 NOV 18 AM 10:00  
TALLAHASSEE, FLORIDA