

# L03000055171

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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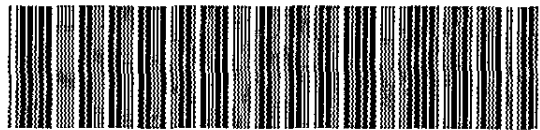
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Acknowledgement

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EFFECTIVE DATE

1/1/04

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DIVISION OF CORPORATIONS

**TRANSMITTAL LETTER**

**EFFECTIVE DATE**

1/1/04

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Certified Installations of Florida, L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerald V. Kelderhouse III  
(Name of Person)

Certified Installations of Florida, L.L.C.  
(Firm/Company)

7185 Pluto Avenue  
(Address)

Port St. John, Florida 32927  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald V. Kelderhouse at ( 321 ) 637-7927  
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**EFFECTIVE DATE**

11/1/04

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Certified Installations of Florida, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

7185 Pluto Avenue

Port St. John, FL 32927

**Mailing Address:**

7185 Pluto Avenue

Port St. John, FL 32927

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

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

Debra Anderson

Name

7120 Hundred Acre Drive

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

Port St. John

FLORIDA 32927

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..*

Debra Anderson

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**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

Gerald V. Kelderhouse III  
7185 Pluto Avenue  
Port St. John, FL 32927

MGR

Deborah Lynne Kelderhouse  
7185 Pluto Avenue  
Port St. John, FL 32927

**ARTICLE V-EFFECTIVE DATE**

An effective date of January 1, 2004 is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Gerald V. Kelderhouse III  
\_\_\_\_\_  
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)