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(Requestor's Name)				
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(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
<del>-</del>				
(Business Entity Name)				
(business chuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Howe Rooting LLC				
(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:				
RONAUHOWE (Name of Person)				
(Name of Person)				
Howe Roofing LLC				
(Firm/Company)				
1730 PATLIN CIECLE S.  (Address)				
(Address)				
LARGO, FL 33770				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
ROMOHOUSE at 727 584-6387				
(Name of Person) (Area Code & Daytime Telephone Number)				

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

ARTICLE I - Nan The name of the Li	ne: mited Liability Company is:		
	towe Routing	LLC	<u></u>
ARTICLE II - Ad The mailing addres	dress: s and street address of the princip	oal office of the Limited Liabil	ity Company is:
Principal Office A	ddress:	Mailing Address:	
1730 PA	TLIN CIRCLES	SAME	
LARGO.	FLIN CIRCLES FL 33770		
ARTICLE III - ReThe name and the I	Florida street address (P.O. Box	Circle 3, LA and MOT acceptable)	FILE!

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ROLLETOWE 1730 PATLIN CIECLES LARGO FL 33710
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	therized representative of a member.  108(3), Florida Statutes, the execution firmation under the penalties of perjury (2.)
Typed or prin	ted name of ciones

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

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)