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(R	equestor's Name)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
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(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	2201
	Office Use Only



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## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Hardens Viny Siding L.L.C. (Name of Limited Liability Company)	<del>-</del>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
David Harden (Name of Person)	· 0 ~
Hardens Vinyl Siding L.L.C. (Firm/Company)	ECRETABLE LLANAS TO A FEB 26
18 N Norras RJ. (Address)	AM 10:
Monticello FL 32344  (City/State and Zip Code)	ATE ORIDA
For further information concerning this matter, please call:	
David Harden at (850) 443-9272 (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

SECRETARY OF STATE ALLANDAS EL LORIDA

ARTICLE I - Name: The name of the Limited Liability Com	pany is:		: 56	נספט(
Hardens Vinyl	Siding	L.L.C.		
ARTICLE II - Address: The mailing address and street address	of the principa	I office of the Limited Liability Com	pany	is:
Principal Office Address:		Mailing Address:		
18 N Norias		18 N Norias		
Monticello FL 32344		Monticello FL 323	340	1

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

18 N Not i'a s

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

Montice o FLORIDA 323 40

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)

ARTICLE IV	- Manager(s)	or Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	70	ÆΥ
"MGR" = Manager		FEB	~~
"MGRM" = Managing Member		(C)	
MGRM	David Hurden	26	07 T
·	18 N Norias		
	Monticello FZ 32347	0.	STA
MGRM	michael Paul Manage	56	NO.1
	969 Whippoorwill Road		
	Monticello FC 32344		
MGRM	Ansie Davis		
	18 N Norias	<del></del>	
	Monticello FL 32344		
	,		
		<del></del>	
		<del></del>	
(Use attachment if necessary)			

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

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)