

L040000028950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

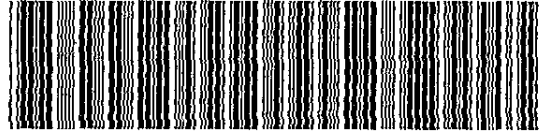
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 APR -8 PM 1:49  
TALLAHASSEE, FLORIDA

J. BRYAN APR 15 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPRAY ON SIDING OF ORLANDO, 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:

LAWRENCE WYNER  
(Name of Person)

SPRAY ON SIDING OF ORLANDO, LLC.  
(Firm/Company)

311 ALTAMONTE COMMERCE BLVD. #1602  
(Address)

ALTAMONTE SPRINGS, FL. 32714  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAWRENCE WYNER at ( 407 ) 869-0902  
(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

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2004 APR -8 PM 1:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 APR -8 PM 1:49  
JULIUS CORPORATION  
ALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SPRAY ON SIDING OF ORLANDO, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

SPRAY ON SIDING OF ORLANDO

SPRAY ON SIDING OF ORLANDO

311 ALTAMONTE COMMERCE BLVD. #1602

311 ALTAMONTE COMMERCE BL. #1602

ALTAMONTE SPRINGS, FL. 32714

ALTAMONTE SPRINGS, FL. 32714

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

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

LAWRENCE WYNER

Name

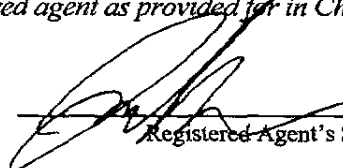
311 ALTAMONTE COMMERCE BLVD. #1602

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

ALTAMONTE SPRINGS, FLORIDA 32714

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..*

  
\_\_\_\_\_  
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

LAWRENCE WYNER

311 ALTAMONTE COMMERCE BLVD.

ALTAMONTE SPRINGS, FL. 32714

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

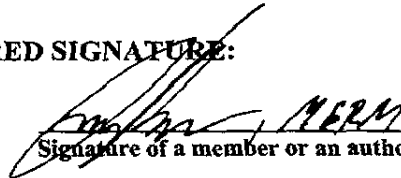
\_\_\_\_\_

\_\_\_\_\_

(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.)

LAWRENCE WYNER

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee:**

~~\$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)

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JULIAN CORPORATION  
TALLAHASSEE, FLORIDA