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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ben's Window, Door & Rescreening, LL (Name of Limited Liability Company)	<i>C</i> .
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:  Benjamin J. Chisholm  (Name of Person)	14-14329
(Firm/Company)	-
2355 Shenandoah Street	OL HPR
North Part FL 34287 (City/State and Zip Code)	29 PM
For further information concerning this matter, please call:	3: 43
Benjamin J. Chisholm at (941) 716-5223 (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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 13, 2004

BENJAMIN J. CHISHOLM 2355 SHENANDOAH STREET NORTH PORT, FL 34287

SUBJECT: BEN'S WINDOW, DOOR, & RESCREENING, LLC

Ref. Number: W04000014329

We have received your document for BEN'S WINDOW, DOOR, & RESCREENING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 5, 2004. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 004A00024303

If you have any questions, please call Ben at:

223-2662

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DIRECT VI V. N	
ARTICLE I - Name: The name of the Limited Liability Company is:	
	, ,
Ben's Window, Door, & Rescreening, L	<u></u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liability Company is:
Principal Office Address: Mailing Address:	Çî,
Ben's Window, Door, & Rescreening, LLC. Ben's Window,	Boor, & Rescreening, LLC
2355 Shenandoah Street 2355 Shena	adoah Street
North Port, FL 34287 North Port,	FL 3487
ARTICLE III - Registered Agent, Registered Office, & Registered Agen The name and the Florida street address of the registered agent are:	t's Signature: 5
Benjamin J. Chisholm Name	
2355 Shenan deah Street Florida street address (P.O. Box NOT acceptable)	
North Port, FLORIDA 34287 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

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
M6RM	Benjamin J. Chisholm 2355 Shenandoah Stree North Port, FL 34287	<u></u>
(Use attachment if necessary)		
NOTE: An additional article	must be added if an effective date is requested.	04 APR 29 PM 3: 43
REQUIRED SIGNATURE: Signature of a membe	or or an authorized representative of a member.	4 3: <b>43</b>
(In accordance with se of this document const that the facts stated her	ction 608,408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	

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)