

L05000000486

or's Name

Fox Windows & Class, LLC  
1450 Palomino Way  
Oviedo, FL 32765

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Name  
Availability

Document  
Examiner

DCC

Office Use Only

Updater

DCC

Updater  
Verifier

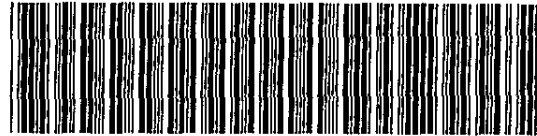
DCC

Acknowledgement

DCC

W/ P. Verifier

DCC



100042996641

12/27/04--01055--010 \*\*125.00

EFFECTIVE DATE

11/105

12/27/04 10:51

**Florida Limited Liability Company**

TO: Registration Section  
Division of Corporations

SUBJECT: TC Windows, LLC

The enclosed Articles of Organization and the fee of \$125.00 are submitted for filing.  
Please return all correspondence regarding this matter to:

**Tyrone Clairmont  
TC Windows, LLC  
3291 South Sanford Ave., #77  
Sanford, FL 32773**

For further information concerning this matter feel free to call Tyrone Clairmont at  
321-377-8258.

7-10-01 10:51

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

**Article I – Name**

The name of this Limited Liability Company is: **TC Windows, LLC.**

**Article II – Address**

The mailing address and street address of the principle office of the Limited Liability Company known as **TC Windows, LLC** is:

Principle Office:

3291 South Sanford Ave., #77  
Sanford, FL 32773

Mailing Address:

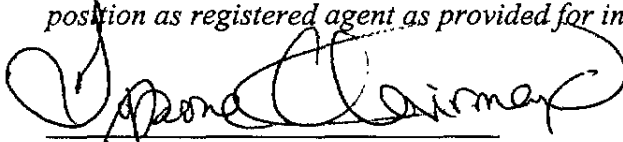
3291 South Sanford Ave., #77  
Sanford, FL 32773

**Article III – Registered Agent**

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

**Tyrone Clairmont**  
**3291 South Sanford Ave., #77**  
**Sanford, FL 32773**

*Having been named as registered agent and to accept service of process for **TC Windows, LLC**, 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.*



**Tyrone Clairmont**  
**Registered Agent**

7  
P  
3  
5  
1


**Article IV – Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member for **TC Windows, LLC** is as follows:

Tyrone Clairmont  
3291 South Sanford Ave., #77  
Sanford, FL 32773

**Article V – Effective Date**

The effective date of this limited liability is **January 1, 2005**.

  
\_\_\_\_\_  
Tyrone Clairmont, Manager  
TC Windows, LLC

*In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury and the facts stated herein are true.*

NOTED  
JAN 17 2005