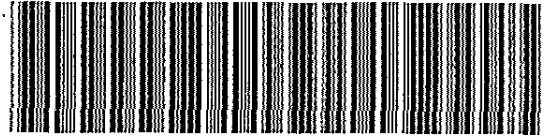


L05000009793

Sender's Name LEWIS, MARIC A. Phone 850-393-5200
Company BUSINESS OFFICE Support Services
NORTHWEST FLORIDA UNDERGROUND
Address P.O. Box 823/5211 Soundside Drive
5035 COMMERCIAL RD
City MILITARY GULF Breeze State FL ZIP 32563



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(City/State/Zip/Phone #)

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2005 JAN 20 P 3 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scott E. Venters Roofing, LLC

ARTICLE II - Address:

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

Principal Office Address:

327 Fairpoint Dr.
Gulf Breeze, FL 32561

Mailing Address:

327 Fairpoint Dr.
Gulf Breeze, FL 32561

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

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

Scott E. Venters
Name

327 Fairpoint Dr.
Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze FL 32561
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, F.S.

Scott E. Venters
Registered Agent's Signature

01/14/05

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CLERK OF STATE
TREASURY
FLORIDA

(CONTINUED)

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:

MGR

Scott E. Venters
327 Fairpoint DR,
Gulf Breeze, FL 32561

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Scott E. Venters

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.)

Scott E. Venters
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/14/05

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)