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2005 JAN 25 P 3:48

SECRETARY OF STATE  
TALLAHASSEE, FL



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01/24/05--01078--025 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Bill Negus  
called to have name  
changed. 1-21-05



Office Use Only

**FILED**

SUBJECT: ASR Roofing Consultants LLC 2005 JAN 25 P 3:48  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Please return all correspondence concerning this matter to the following:**

Bill Negus  
(Name of Person)

(Firm/Company)

7511 Senkat Apt 20  
(Address)

Orlando, Fl. 32819  
(City/State and Zip Code)

Bill Negus  
(Name of Person)

at (407) 468-4386  
(Area Code & Daytime Telephone Number)

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILE

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASR Roofing Consultants, LLC

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SECRETARY OF  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7511 Seurat Apt 201  
Orlando, FL 32819

Same

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

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

Bill Negus  
Name  
7511 Seurat Apt 201  
Florida street address (P.O. Box NOT acceptable)  
Orlando FL 32819  
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.*

Bill Negus  
Registered Agent's Signature

(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

Bill Negus  
7511 Semco Apt 20  
Orlando, FL 32819

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Bill Negus  
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.)

Bill Negus  
Typed or printed name of signee

**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)**