

LD5000018826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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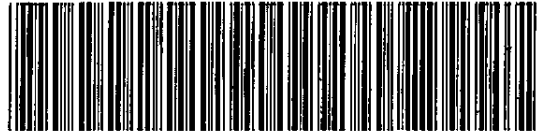
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 FEB 21 A 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Johnson Siding and Remodeling LLC
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Auburn Lake Bookkeeping + Tax
Name (Printed or typed)

335 Haven Lake Blvd
Address

Auburn Lake FL 33823
City, State & Zip

888-965-1161
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles

ARTICLES OF ORGANIZATION

Johnson Siding and Remodeling LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is Johnson Siding and Remodeling LLC.

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

1725 Gib-Galloway Rd unit 79 Lakeland, FL 33810

4. **Mailing Address.** The mailing address of the limited liability company is:

1725 Gib-Galloway Rd Unit 79 Lakeland, FL 33810

5. **Management.** The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.


6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

William B Johnson
1725 Gib-Galloway Rd Unit 79
Lakeland, FL 33810


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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

in Chapter 608, F.S.


William B Johnson

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:


William B Johnson
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA