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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A-1 Quality Exteriors LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:		
Gerald L. Hires (Name of Person)		
A-1 Quality Extenors, LLC (Film/Company)	05 APR - I	SECRETA TALLAHA
27492 NE County Road 47	-1 AM 10: 02	RY OF STA
Hosford, Flonda 32334 (City/State and Zip Code)	02	RIDA
For further information concerning this matter, please call:	4	
(Name of Person) at (		

## 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# A-1 Quality Exteriors, LLC

#### ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>		
27492 NE County Road LOT Hosford, Florida 32334	SAME	<del> </del>	
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist  Stephance A T  Name  21492 NE CO  Florida street address (P.O. Box	ered agent are: <u>OIdS</u> <u>unty Road</u> 67	05 APR -1 AH 10: 02	SECRETARY OF STATE TALLAHASSEE, FLORIDA
HOSFORD FL City, State, and Z	32334	72	IDA TE

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..

(CONTINUED)

ARTICLE	IV-N	Ianager(s)	or Man	aging	Member	(s):
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The name and address of each Manager or Managing Member is as follows:

The name and address of cook intamager of intamagering interior is at some not			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Gerald L. Hires 27492 NE County Road 67 Hosford, Florida 32334		
MGRM_	Cril A. Smith P.O. Bux 84 Telogia, Florida 32360		
	OS APR		
	AM 10: 02		
(Use attachment if necessary)	02		
NOTE: An additional article must be a REQUIRED SIGNATURE:			
Signature of a member of	Hue r an authorized representative of a member.		
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)		
GERALD Typed	lor printed name of signee		

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)