

W5000039/25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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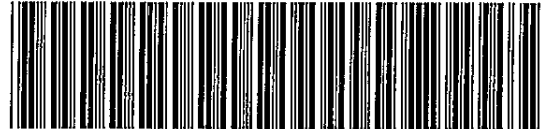
(Business Entity Name)

(Document Number)

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05 APR 21 PM 5:02

SEAN RYAN
TALLAHASSEE, FLORIDA

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15 APR 21 PM 4:20

SEAN RYAN
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALASIOS SIDING, 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:

GENARO VIVAS
(Name of Person)

~~GENARO VIVAS~~ PALASIOS SIDING, LLC
(Firm/Company)

~~PO BOX 122~~ 5680-20C BLOWNSTOWN Hwy
(Address)

TALLAHASSEE 32304
~~FL~~ FL ~~32302~~
(City/State and Zip Code)

For further information concerning this matter, please call:

Genaro Vivas at (850) 210-4052
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Games 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:

PALASIOS SIDING LLC

ARTICLE II - Address:

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

Principal Office Address:

~~P.O. BOX 987~~
~~GRENA, FL 32332~~
5680-20C BLOUNTSTOWN Hwy
TALLAHASSEE, FL 32304-9142

Mailing Address:

~~5680-20C BLOUNTSTOWN Hwy~~
P.O. BOX 987
GRENA, FL 32332

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

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

Genaro VIVAS
Name
5680-20C BLOUNTSTOWN Hwy TALLAHASSEE, FL
~~P.O. BOX 987 GRENA, FL 32332~~
Florida street address (P.O. Box **NOT** acceptable)
TALLAHASSEE, FL FL 32304-9142
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.

Genaro VIVAS
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

~~MGRM~~

MGRM

MGRM

MGRM

Name and Address:

DAKAS 5009 SIGNING ALF
PO Box 987
CHESA FL 32332

GENARO VIVAS
5680-20C BLOUNTSTOWN Hwy
TALLAHASSEE, FL 32304

PEDRO VIVAS
5680-20C BLOUNTSTOWN Hwy
TALLAHASSEE, FL 32304

OTONIEL VIVAS
5680-20C BLOUNTSTOWN Hwy
TALLAHASSEE, FL 32304

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X Genaro Vivas

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.)

Genaro Vivas GENARO VIVAS
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)