

LO5000040331

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000101945 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

TOP CHOICE ROOFING, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

LO5-40331  
OK

**ARTICLES OF ORGINATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
**TOP CHOICE ROOFING, LLC.**

**ARTICLE II - Address:**

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

**Principle Office Address:**

**Mailing Address:**

2171 SE 39<sup>TH</sup> ST

2171 SE 39<sup>TH</sup> ST

OCALA, FL 34480

OCALA, FL 34480

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

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

VICKI THERIAULT

Name

2171 SE 39<sup>TH</sup> ST

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

OCALA, FL 34480

City, State, and Zip

*Having been named as registered agent and to accept service of process for 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, Florida Statutes.*

*Vicki Theriault*

Registered Agent's Signature

**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

LEE THERIAULT  
2171 SE 39<sup>TH</sup> ST  
OCALA, FL 34480

MGRM

VICKI THERIAULT  
2171 SE 39<sup>TH</sup> ST  
OCALA, FL 34480

MGRM

JOSEPH RUSSELL  
63 ALMOND RD  
OCALA, FL 34472

MGRM

TECIA RUSSELL  
63 ALMOND  
OCALA, FL 34472

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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 penalties of perjury that the facts stated herein are true.)

VICKI THERIAULT

Typed or printed name of signer

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL  
JAN 17 2005 PM 6:55