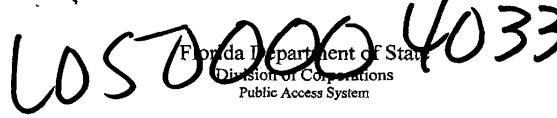
https://efile.sunbiz.org/scripts/efilcovr.ex



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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	O Satural and Control of Control
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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OF CORPORATION

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ARTICLES OF ORGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa TOP CHOICE ROOFING, LLC.	my is:
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 39TH ST	2171 SE 39 TH ST
OCALA, FL 34480	OCALA, FL 34480
ARTICLE III - Registered Office, &	
yicki theri	•
2171 Florida street ad	Name SE 39 ^{TK} ST Idress (P.O. Bux <u>NOT</u> acceptable) ALA, 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 Stauttes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Ma "MGRM" = N	Name and Address: nager Attaging Member
ATTOECH - I	verial first cont
MGR	LEE THERIAULT
	2171 SE 39 ^{YF} ST
	QCALA. FL 34480
_MGRM	VICKI THERIAULT
	21.71 SE 39 TH ST
	OCALA, FL 34480
MGRM	
	JOSEPH RUSSELL
	63 ALMOND RD
	OCALA, FL 344?2
MGRM	TECIA_RUSSELL
	63 ALMOND
	OCALA, FL 34472
(Use attachme	ot if necessary)
•	
	additional article must be added if an effective date is requested.
KECULKE	SIGNATURE:
	Liebe Theward
	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 becein are true.)
	VICKI THERIAULT
	Typed or printed name of signee

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