U500050957

(Red	questor's Name)	·_ 			
(Address)					
(Ada	dress)				
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
110	F	LC			
		}			

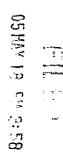
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TRANSMITTAL LETTER

	ration Secon of Cor	ction porations			
SUBJECT:	SUF	PERIOR INSTALLATIONS (OF VOLUSIA	LLC	
	_	(Name of Limited	Liability Co	mpany)	
		Organization and fee(s) are su		•	
Please return al	l correspo	ondence concerning this matter	to the follow	ving:	
	RIC	HARD TODD ARRINGTON			
		4)	lame of Person)	
	SUF	PERIOR INSTALLATIONS C	F VOLUSIA	LLC	·
		(I	Firm/Company)	
	210	AVON CT			
			(Address)		
	POR	T ORANGE, FL 32127			· -
		(City/	State and Zip (lode)	
For further info	rmation o	concerning this matter, please	call:		
RICHARD TO	DD ARF	RINGTON	at (386	304-8450	
	(Name	of Person)	(Area	Code & Daytime Te	elephone Number)
Enclosed is a	check fo	r the following amount:			
Ø \$125.00 Fili	ng Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	O Filing Fee & Copy opy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations			MAILING A Registration S Division of Co	ection orporations	

409 E. Gaines Street Tallahassee, Florida 32399

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	y is:			
SUPERIOR INSTALLATIONS OF VOLUSIA LL	<u>.C</u>			
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
210 AVON CT	_210 AVON CT			
PORT ORANGE, FL 32127	_PORT ORANGE, FL 32127			
The name and the Florida street address of				
 	Name			
210 AVON CT				
Florida stree	et address (P.O. Box NOT acceptable)			
PORT ORANGE, FL 3212	27 FL			
City, Se	tate, and Zip			
liability company at the place designated registered agent and agree to act in this cap	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te 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)

Page 1 of 2

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:
MGMR	RICHARD TODD ARRINGTON 210 AVON CT PORT ORANGE, FL 32127
MGMR	ROBERT L BROWN 210 AVON CT PORT ORANGE, FL 32127
<u> </u>	
(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 s an affirmation under the penalties of perjury
DICHADO TODO ADDI	NCTON

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)

Typed or printed name of signee