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Florida Department of State

Division of Corporations Public Access System

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Phone Fax Number

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LIMITED LIABILITY COMPANY

JORBA WINDOW SILLS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
JORBA WINDOW SILLS, LLC		
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the Limited Liability	y Company is:
Principal Office Address:	Mailing Address:	
10527 PARKCREST DRIVE	10527 PARKCREST DRIVE	
TAMPA, FL 33624	TAMPA, FL 33624	
	nt, Registered Office, & Registered Agent's Sign	natures 50
i	ddress of the registered agent are:	1 1 b
MIGUEL JORE		*:: '
	Name	그의 클
10527 PARKCREST DRIVE		35 3
•	Florida street address (P.O. Box NOT acceptable)	STATE ORIDA
TAMPA, FL'33	624 FL	
	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..

Registered Agent's Signature

(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:	<u>;</u>	Name and Address:
"MGR" = Manager		
"MGRM" = Managing Me	ember	
MGR		MIGUEL JORBA
	•	10527 PARKCREST DRIVE
	:	TAMPA, FL 33624
	:	
MGRM	•	TANLA G. JORBA
		10527 PARKCREST DRIVE
	;	TAMPA, FL 33624
	:	
MBR	1	YANET R. JORBA
		10527 PARKCREST DRIVE
	•	TAMPA, FL 33624
	;	
(1.1 th 1 1-C		
(Use attachment if necessary	nry)	
NOTE: An additional o	-tiala muat b	e added if an effective date is requested
NOTE: An additional al	rticie must be	s added it will effective date is requested
REQUIRED SIGNATUR	RE:	
		,
	1 1	1.4
	Equi	ford
Signatur	e o gå member s	or an authorized representative of a member.
of this do		on 608.408(3). Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
MIGHE	L JÖRBA	
<u> Midot</u>		d or printed name of signoc
		F
Filing Fees:		
\$125.00 Filing Fee for Art	icles of Organi	zation and Designation

rage 2 of 2

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)