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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to		
427	T	LC
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# TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Tim's Win	Anus an (Name of Limited	d Doors, LLC d Liability Company)	
The enclosed Articles of Organizat	ion and fee(s) are si	ubmitted for filing.	
Please return all correspondence co	ncerning this matte	r to the following:	
Timot	y Fede	Name of Person)	
Tim's Wind	lows and	L Doors, LLC Firm/Company)	
7544 H	unters (	Green Cir. (Address)	
Lakel	and, Fl	State and Zip Code)	
For further information concerning	this matter, please	call:	
Timothy Fedele (Name of Person)		at (863) 370- (Area Code & Daytime 1	2482 Pelephone Number)
Enclosed is a check for the follo	wing amount:		
	.00 Filing Fee & ate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
CONTRIBUTE A BANK	unco.	BEATT INTE	innpecc.

### STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines 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:		
Tim's Windows and Doors, LLC		~
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	y is:	
Principal Office Address:  Mailing Address:		
7544 Hunters Green Cia Same Laxeland, Fr. 33810	·	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:	05 ปฏา 27	ر. شهر،
Timothy Fedele	7	1
7544 Hunters Green Cir. Florida street address (P.O. Box NOT acceptable)	ហ	

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

City, State, and Zip

(CONTINUED)

# 

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

Timothy tedele
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)