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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	<u> </u>	
SUBJECT: DP VINYL (Name of Limited	Liability Company)	
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Christopher Dayne	PriNEL	
0	lame of Person)	•
DP VINYL SIDING	Tim/CimmenV	OS AUG
913 BALD EAGLE		ARY OF FRORID
TAUAHASI EE , FC.	37304 State and Zip Code)	26 RIDA
For further information concerning this matter, please c	······································	
2 110 74	at ()	<u> </u>
(Name of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	CI \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations	MAILING AI Registration Se Division of Co	ection
409 E. Gaines Street	P.O. Box 6327	7
W-11-6 M 20200	Tellahansaa U	lowide 2321A

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	Liability Company is	s:		
DP VINYL	SIDING LL	C.		
ARTICLE II - Address: The mailing address and s	street address of the	principal office of the	Limited Liability Comp	any is:
Principal Office Address	!:	Mailing Address:		
913 Rold Eagle Re Tallahasser, EV. 3730	in T	A 13 Rold For	ale fun	
ARTICLE III - Register	ed Agent, Registere	ed Office, & Register	ed Agent's Signature:	
The name and the Florida	<i>a.</i>		I AH SEE, FI	I
	hristophe Day		9.26 SIA	J
412	Bald Eagle Florida street a	ddress (P.O. Box NOT sco	eptable)	
Ta	llahassee City, State	FI 32304.	<u>and the second and t</u>	

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..

Registrated Agent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member ril MGRM(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.)

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)