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SECRETARY OF STATE

1. Sunera SEB 50 SULL

COVER LETTER

TO: Registration Section Division of Corporat	ions			
SUBJECT: SAUTI	AS IDE AL (Name of Limited	Liability Company)	SIDING [_LC
The enclosed Articles of Orga	mization and fee(s) are su	bmitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
Chri	STOPHER	Hame of Person)	SON	_
Sout	HSIDE AL	ILMINUM E-	SIDING L	
548	18 Pecan	(Address)		
OCAL	-A, FLO	State and Zip Code)	1472	
For further information conce	erning this matter, please o	eali:		
Christopher Name of Pe	Higgson	at (352) H37 (Area Code & Daytime Te	— 6874 lephone Number)	
(-	,,	,	,	
Enclosed is a check for the	following amount:			
	\$130.00 Filing Fee & rtificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclose	ATAS O
Re Di P.	ailing Address agistration Section vision of Corporations O. Box 6327 aliahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ùS	TARY OF STATE ASSEE, FLORIE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
South SIDE ALUMINUM & SIDING [[[[Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," of "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 5428 Pecan RD 5428 Pecan RD 5428 Pecan RD DCaLa, FL 34472
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Christopher Higgason Name 5428 Pecan RD Florida street address (P.O. Box NOT acceptable) Cola FL 34472 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

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	1 /
MCR	About make Higgs SON!
110101	5438 PPCCO RD
	ocala, FC 34472
MGRM	Robert libtoon
FICKIT	13658 NE 41 AVE.
	Anthony , FL 32617
	The second secon
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(Use attachment if necessary)	
LE V: Effective date, if other than th	ne date of filing: (OPTIONAL)
ffective date is listed, the date must	be specific and cannot be more than five business days prior
	<u>≽v</u> 5
days after the date of filing.)	-6 9
days after the date of filing.)	CRET
REQUIRED SIGNATURE:	CRETARY
٠	CRETARY OF CAHACSEE.
٠	LI AHASSEE FLI

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)