## 106000006532

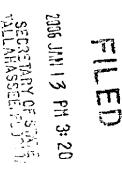
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300063504633

##125.00 \*\*125.00



100-632

1-10-00

## **COVER LETTER**

Division of Cor				
SUBJECT: <u>EL</u>	EGANT WIN	UDOWS		
	(Name of Limite	d Liability Company)	<del>-</del> -	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
BET	TY ROSS	Name of Person)		
ELE	GANT WIL	JOOUS Firm/Company)		
50	L CARAWA	Y CT		
JAC	KSONVILLE	(Address)	SECRETARIAN SECRET	236 JUN 13 PM 3: 20
	(City.	State and Zip Code)	AAR See	
For further information of	concerning this matter, please	cail:	Y OF S	PH
BETTY RO	OSS of Person)	at ( <u>904</u> ) <u>287</u> (Area Code & Daytime T	-5754 ST	3: 20
·	,	(race courte Dajame 1	ciopione (vanious)	
	r the following amount:			
₩\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fer Certificate of Status & Certified Copy (additional copy is enclose	Ŀ
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ELEGANT WINDOWS (Must end with the words "Limited Liability Company, "Limited		
ARTICLE II - Address:	ncipal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
504 CARAWAY CT JACKSOUVILLE, FL 32259	SAME	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re  BETTY ROS  Name  504 CARAWAY  Florida street address  TAX  City, State, an	egistered agent are:  S  CT  PR  SSEP  CT  CSS (P.O. Box NOT acceptable)  FL, 32259	

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

1-70-06

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	BETTY ROSS 504 BARAWAY CT JAX, FL 32259	
MGR	GLEN ROSS SOY CARAWAY CT SAX, FL 32259	
	JAN 13 PM	
(Use attachment if necessary)	3: 20	•
TICLE V: Effective date, if other than the da	nte of filing:	•
<u>REQUIRED</u> SIGNATURE:		
Betty	2000	
Signature of a member o	r an authorized representative of a member.	

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)

(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.)

ROSS
Typed or printed name of signee