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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(
(Document Number)			
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SECKLIARY OF COMPONATION.



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: n DC Sidir (Name of Limit	ed Liability Company)	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this matter.		
Dennis Conn	atser	The state of the s
	(Name of Person)	
· · · · · · · · · · · · · · · · · · ·		·
DC Siding		
	(Firm/Company)	
8450 NW 160th Street (Address)		2006 JAN 18 PM 2: 30
		<u>∞</u> ⊖
Fanning Springs,	F1. 32693 //State and Zip Code)	
Chy	Assate and Zip Code)	5 .
For further information concerning this matter, please	call;	30
Dennis Connatser (Name of Person)	at (352) 221-134 (Area Code & Daytime To	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	S155.00 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 Si	ection

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:				
DC Siding LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
8450 NW 160th ST	8450 NW 160th ST.			
Fanning Springs, Fl. 32693	Fanning Springs, Fl. 32693			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
Dennis Conna Name	tser 06.			
<u>8450 NW 160th S</u> Fiorida street ad	SECRE JAN OF CONTROL O			
Fanning Springs City, State,	FL 32693 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25			
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)

The name and address of each Manager or Managing Memoer is as follows.			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
"MGRM"	Dennis Connatser		
	8450 NW 160th St.		
	Fanning Springs, Fl. 32693		
"MGRM"	Richard Connatser		
	8450 NW 160th St.		
	Fanning Springs, Fl. 32693		
"MGRM"	Scott Connatser 8450 NW 160th St. Fanning Springs, Fl. 32693		
(Use attachment if necessary)			
NOTE: An additional article must be a	added if an effective date is requested.		
REQUIRED SIGNATURE:			
,/) ·	1 1		

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

Dennis Connatser

- \$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee