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COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	CT: ADVAN	ICED INSTALLATION	IS LLC.	
		(Name of Limited	d Liability Company)	
The end	losed Articles of	Gorganization and fee(s) are su	ubmitted for filing.	
Please r	eturn all corresp	ondence concerning this matte	r to the following:	
ļ	RICKY E. E	BOBE		
-		a	Name of Person).	
,	ADVANCE	D INSTALLATIONS		
-		(Firm/Company)	
_	1134 FINC	CH DRIVE		
		—···· ;	(Address)	
9	GULF BRI	EEZE, FLORIDA 3	2563	
		(City/	(State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
RICK	Y E. BOBE		at (850) 932-0904	4
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclose	ed is a check fo	or the following amount:		
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate 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)
		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	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ADVANCED INSTALLATIONS LLC.	
(Must end with the words "Limited Liability Company, "Limite	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1134 FINCH DRIVE	1134 FINCH DRIVE
GULF BREEZE, FLORIDA 32563	GULF BREEZE, FLORIDA 32563
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
RICKY E. BOBE	
Name	
1134 FINCH DRIVE	
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
GULF BREEZE	FL 32563
City, State, a	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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 Mem	Name and Address: ber
MGR	RICKY E. BOBE 1134 FINCH DRIVE
	GULF BREEZE, FLORIDA 32563
(Use attachment if necessary)
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.	e must be specific and cannot be more than five business day)
REQUIRED SIGNATURE	:
Que	Les E Role Ta member or an authorized representative of a member.
(In accordan	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury cts 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)

RICKY E. BOBE

Page 2 of 2

Typed or printed name of signee