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**EFFECTIVE DATE**
10/19/07

FILED
07 OCT 19 PM 2: 08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

*JB*

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

SUBJECT: **Ovation Framing, LLC.**

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Holly D. Stone**

(Name of Person)

**Porter Coastal Construction, INC.**

(Firm/Company)

**710 Wakulla Arran Road**

(Address)

**Crawfordville, Florida 32327**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Holly D. Stone** at ( **850** ) **519-7979**

(Name of Person)          (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☑ $130.00 Filing Fee & ☐ $155.00 Filing Fee & ☐ $160.00 Filing Fee,
Certificate of Status      Certified Copy         Certificate of Status &
(additional copy is enclosed)   Certified Copy
(additional copy is enclosed)

**Mailing Address**            **Street/Courier Address**
Registration Section           Registration Section
Division of Corporations       Division of Corporations
P.O. Box 6327                  Clifton Building
Tallahassee, FL 32314          2661 Executive Center Circle
                               Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:
The name of the Limited Liability Company is:

## Ovation Framing, LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:** |
| --- | --- |
| Brandon Groom | Brandon Groom |
| 4525 St. Augustine Road | 4525 St. Augustine Road |
| Monticello, Florida 32344 | Monticello, Florida 32344 |

## 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:

**Holly D. Stone**
Name

EFFECTIVE DATE
10/19/07

**710 Wakulla Arran Road**
Florida street address (P.O. Box **NOT** acceptable)

**Crawfordville,** FL **32327**
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..*

Registered Agent's Signature (REQUIRED)

**(CONTINUED)**
Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

**Title:**
"MGR" = Manager
"MGRM" = Managing Member

**Name and Address:**

"MGR"

Brandon Groom
4525 St. Augustine Road
Monticello, Florida 32344

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: **10-19-07** . (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.)

## Brandon Groom
Typed or printed name of signee