108000046107

(R	Requestor's Name)	_
(A	ddress)	
	ddress)	
(/-	duress)	
(C	ity/State/Zip/Phone #	9)
PICK-UP	WAIT	MAIL
/B	usiness Entity Name	
(0	dishess Littly Name	,
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	i
		i

Office Use Only



100128518451

05/07/08--01024--014 **125.00

2008 HAY -5 PH 12: 28

T. CLINE
MAY - 8 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: James Shelton Roofing 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:
James W. Shelton (Name of Person)
James She How Roofing (Firm/Company)
2609 Mosley Rd (Address)
Of Anyl Park FL 32065 (City/State and Zip Code)
For further information concerning this matter, please call:
Tames Shelton at (904) 213-9175 (Name of Person) (Area Code & Daytime Telephone Number) 25
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee \\ Certificate of Status Certified Copy Certificate of Status & \bigcup \(\text{(additional copy is enclosed)} \) 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 Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Tames She How Rooking LLC (Must end with the words "Limited Liability Company" "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
James W. Shelton Tohny N. Houston	2604 Mosley Rd Op FL 32065 63 HABEMA Rd N JAX FI 32221		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another		
The name and the Florida street address of the re	gistered agent are:		
James Shelton Name 2604 Mosley Rd Florida street add: Of Aprile Park	ress (P.O. Box NOT acceptable) FL 3206 Add Zip		
City, State, as	ad Zip 57.		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated timited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		
Registered rigent 5 Dignati	na (uma auma)		

· (CONTINUED)
Page 1 of 2

Name and Address:
James Shellow 2609 Mosley Rd OCAME PACK FI 32065
Johnny Houston 63 Halsema Rd JAX FL 82221 (32021)
n the date of filing: 4-28-08 ust be specific and cannot be more than five business days prior-
SET OF P
ember or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)