L08000052562

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dushiese Linky Hairie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400130102164

05/27/08--01031--021 **160.00

5/24/08

SECRETARY OF STATE

SECRET

COVER LETTER

· TO: Registration Section Division of Corporations
SUBJECT: Razor Sharp 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:
Harry P. Jackson Jr. (Name of Person)
Razor Sharp Roofing LLC.
13044 Montego Street
Spring Hill, FL 34609 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Harry Jackson at 618 303-2535 (Name of Person) (Area Code & Davtime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Razor Sharp (Must end with the words "Limited Liability	Roofing LLC.
(Must end with the words "Limited Liability	y Company, "L.L.C.," of LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13044 Montego Street	13044 Montego Street
Spring Hill, FL 34609	Spring Hill, FL 34609
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationses entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the red. Harry P. J. Name	egistered agent are: ackson Jr. Ackson J
13044 Mong Florida street add Spring Hill City, State, a	ress (P.O. Box NOT acceptable)
Having been named as registered agent and to a liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Harry P. Jackson Jr. 13044 Montego Street Spring Hill, FL 34609
MGRM	Spring Hill, FL 34609 Tamara J. Jackson 13044 Montego Street Spring Hill, FL 34609
(Use attachment if necessary)	
TCLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: $5-26-08$. (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SECOND ALLANY 2
_	

(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.)

Tackson Jr.
Typed or printed name of signee

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)