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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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**EXAMINER** 

OB MAY 28 AM 8: 36

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	Dissolution / Withdrawal
	Annual Report / Reinstatement
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	Certificate of Good Standing
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	Certificate of Fictitious Name
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2008

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**CAPITAL CONNECTION** 

TALLAHASSEE, FL

SUBJECT: TREASURE COAST INSTALLATIONS LLC

Ref. Number: W08000026042

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL

STATE

FILE DATE

PILED AM 8: 36

We have received your document for TREASURE COAST INSTALLATIONS and your check(s) totaling \$155.00. However, the enclosed document has been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please freturn your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 508A00033367

**RE-SUBMIT** 

PLEASE OBTAIN THE ORIGINAL BILE DATE.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name** 

The name of the Limited Liability Company is: TREASURE COAST INSTALLERS 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:

586 NW ARGOSY AVENUE PORT SAINT LUCIE, FL 34983 586 NW ARGOSY AVENUE PORT SAINT LUCIE, FL 34983

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

STEVEN RANDAL ROLLS 586 NW ARGOSY AVENUE PORT SAINT LUCIE, FL 34983

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, Florida Statutes..

Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

"MGR" = Manager

"MGRM" = Managing Member

MANAGING MEMBER:

STEVEN RANDAL ROLLS 586 NE ARGOSY AVENUE PORT SAINT LUCIE, FL 34983

MANAGING MEMBER:

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statures, the execution of this document constitutes on affirmation under the penalties of perjury that the facts stated herein are true.)

STEVEN RANDAL ROLLS

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (Options!)
\$\{\begin{cases} 5.00 Certificate of Status (Options!) \end{cases}\right\}