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**EXAMINER** 

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF DISTINCTIVE DOOR INSTALLATION LLC

## TRANSMITTAL LETTER

To: Registration Section, Limited Liability Company, Division of Corporations

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DISTINCTIVE DOOR INSTALLATION LLC 3018 LOWERY DRIVE OVIEDO, FL 32765

For further information concerning this matter, please call:

James W. Best at (407) 227-1175

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF DISTINCTIVE DOOR INSTALLATION LLC

The undersigned subscriber to this Limited Liability Company, a natural person competent to contract, hereby forms a LLC under the laws of the State of Florida.

#### ARTICLE I. NAME

The name of this LLC shall be:

DISTINCTIVE DOOR INSTALLATION LLC

### ARTICLE II. MAILING ADDRESS OF LLC

The principal place of business and mailing address of this LLC shall be:

DISTINCTIVE DOOR INSTALLATION LLC 3018 LOWERY DRIVE OVIEDO, FL 32765

### ARTICLE III. REGISTERED AGENT

The street address of the registered office of the LLC shall be: 3018 LOWERY DRIVE OVIEDO, FL 32765

The name of the registered agent of the LLC shall be: JAMES W. BEST

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, FS.

Signature of registered agent

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF DISTINCTIVE DOOR INSTALLATION LLC

### ARTICLE IV. MANAGER/MANAGING MEMBER

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

James W. Best 3018 Lowery Drive Oviedo, FL 32765 MGR

Signature:

**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 herin are true.)

JAMES W. BEST

Typed or printed name of signee