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PICK-UP WAIT MAIL
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SECRETARY OF STATE
SECRETARY OF

T. HAMPTON

AUG - 5 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return\_all correspondence concerning this matter to the following: (Firm/Company) For further information concerning this matter, please call: Tr at (904) 669-9480 (Area Code & Davtime Telephone Number) Enclosed is a check for the following amount: \$160.00 Filing Fee, □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	$\mathbf{T}$	IC	LE	I	-	N	am	e:
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The name of the Limited Liability Company is:

Robert Francis Siding and Soffith 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:

Principal Office Address:	Mailing Address:
2170 Deer Run Rd	2170 Deer Run Rd
81. Aug. Fl. 32084	St. Aug F1. 32084

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:

Robert Francis
Name

2170 Deer Run Rd

Florida street address (P.O. Box NOT acceptable)

St. Aus FL 32084

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.)

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)

MGRM David Alan Hutchinson

3417 fifth stElkton, fl 32033

SECRETARY OF STATE

FILED