

L10000021958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

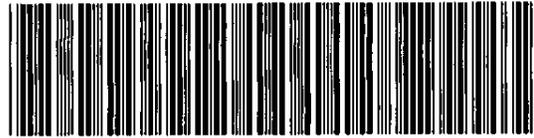
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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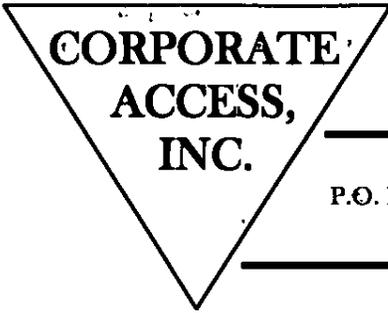
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TALLAHASSEE, FLORIDA

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B. KOHR  
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EXAMINER



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**WALK IN**

PICK UP: 2/26 Emily

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC

1. Triple "H" Windows & Doors, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS  
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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TRIPLE "H" WINDOWS & DOORS, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1711 E. Hwy. 318  
Citra FL 32113

**Mailing Address:**

P O Box 458  
Citra FL 32113

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Enoch Ostanik  
1711 E. Hwy. 318  
Citra FL 32113

*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.*



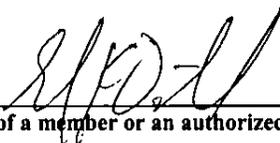
\_\_\_\_\_  
Enoch Ostanik

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

The name and address of the Managing Member is as follows:

<b>Title:</b>	<b>Name and Address:</b>
"MGR"	Enoch Ostanik P.O. Box 458 Citra FL 32113
"MGR"	Melissa Anne Ostanik P.O. Box 458 Citra FL 32113

**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.)

Enoch Ostanik

\_\_\_\_\_  
Typed or printed name of signee