# L10000037953

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARY OF STATE
TALLAHASSEF- FLORER

S. HAWKES

APR 7 2010

EXAMINER

## **COVER LETTER**

TO: Registration Division of C			8 1 8
SUBJECT:	L+L Sid	ted Viability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	La Sanders	L. Courtney Name of Person	<u>,                                      </u>
	L+L S	Siding LLC Firm/Company	
2	140 Farm	Road	
	ay, Fl. 36	2.565 ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
La Sander Name	S Courtney	at ( <u>850</u> ) <u>918 - 9</u> Area Code & Daytime Tele	7023 phone Number
Enclosed is a check f	or the following amount:	•	
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CON A THE PARES ARTICLE I - Name: The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 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:

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

Tay FL 32565

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 (REOUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

LaSarders L. Courteles

3/40 Farm Road

Robert W. Peebles

MGRM

Jay, Fl. 32565

Kandy R. Courtney
2140 Farm Rd.
Jay Fl. 32565

(Use attachment if necessary)

### **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.)

La Sanders L. Courtivey
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)