

# L10000056117

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

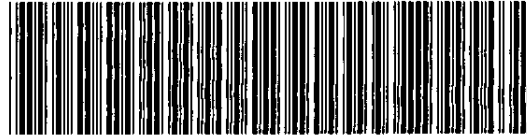
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800181241588

05/25/10--01004--008 \*\*130.00

FILED  
2010 MAY 24 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 25 2010

EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Statewide Windows, Doors & Glass, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonios Fronimakis

Name of Person

Statewide Windows, Doors & Glass, LLC

Firm/Company

28380 Old 41 Rd Ste 9

Address

Bonita Springs, FL 34135

City/State and Zip Code

efronimakis@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonios Fronimakis

Name of Person

at ( 239 ) 216-1715

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Statewide Windows, Doors & Glass, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

28380 Old 41 Rd Ste 9

Bonita Springs, FL 34135

#### Mailing Address:

P.O. Box 368001

Bonita Springs, FL 34136

### 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:

Antonios Fronimakis

Name

2650 Fountain View Cir #203

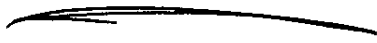
Florida street address (P.O. Box **NOT** acceptable)

Naples

FL 34109

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

FILED  
2010 MAY 24 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY 24 PM 17 00

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

"MGRM" = Managing Member

**Naples, FL 34109**

\_\_\_\_\_

**Abstract**

(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.)

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**