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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special instructions to | Filing Officer: | |
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ACCRETARY OF STATE

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EXAMINER

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COVER LETTER

TO:

Registration Section

| Division of Corporations |
|---|
| SUBJECT: C&R Windows Installation 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: |
| Carlos Rivera |
| Name of Person |
| Carlos Rivera Windows |
| Firm/Company |
| 13085 NE. 40th Pl. |
| Address |
| Silver Springs, Florida. 34488 |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| To facility information concorning this matter, produced in |
| Carlos Riveraat (352 625-0152 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 130.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ 160.00 Filing Fee, \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

C&R Windows Installation 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: | Mailing Address: | • |
|---|---|-----------------|
| 13085 NE. 40th PL. | 13085 NE. 40 th Pl. | |
| Silver Springs, Florida. 34488 | Silver Springs, Florida 344 | 88 |
| ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Carlos Rivera | a Registered Agent. You must designate an ind | |
| ו | Name | |
| 13085 NE. 401 | th Pl. | F STATE FLORIDA |
| Florida stre | eet address (P.O. Box NOT acceptable) | 2 5 |
| Silver Springs | _{FL} 34488 |) |
| , • | բլ Ծո ոսն | |

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:

| Silver Springs, fl. 34488 | |
|---------------------------|--|
| Carlos Rivera | |
| 13085 NE. 40th PL. | |
| Silver Springs, fl. 34488 | *41** |
| | |
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| | |
| | Carlos Rivera |

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)