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DEFASIONAT OF STATE DIVISION OF CORPORATIONS TALL A MASSEE, FLORIDA

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## COVER LETTER

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Division of Corporations
SUBJECT: John's Quality Siding and Services L.L.C. 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:
John Rogers
Name of Person
John's Quality Siding and Services L.L.C. Firm/Company
5920 /m. / P.1
5930 Limestone Rol Address
Pensacola Fl. 32504
City/State and Zip Code
Pensacola FL 32504  City/State and Zip Code  Johns offshore 09 Plive. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kerry Priest at (850) 207-6428  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  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 COMPANY

The name of the Limited Liability Company	
John's Quality Siding an (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5930 Limestone Rd Pensacola PL, 32504	Fensacola Fl 32504
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Loradhan Clinical Name and Name a	Hopher Rigers - 6 CONSTRUCTION OF THE CONSTRUC
5930 Limestone Florida street	t address (P.O. Box <u>NOT</u> acceptable)
<u>Pensawla</u>	FL 3250/ State, and Zip
liability company at the place designated registered agent and agree to act in this capa	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing The name and address of each Manager of the control of the co			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Jonathan C. Rogers 5930 Um estoro Kd Pensawla Fl, 32504		
MGRM	Kerry A. Priest 5930 Limeston Rd Pensawla Fi, 32504		
<del></del>			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTION pecific and cannot be more than five business d	NAL) lays pi	rior
(In accordance with section 608.408 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as		11 JUN -6 PM 2 52	SECRETARY OF SIAIL
Typed Filing Fees:	or printed name of signee		

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)