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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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**EXAMINER** 

### **COVER LETTER**

Division of Corporations						
SUBJECT: Thoroughbre	ed Windows Name of Limited I		_			
	Name of Lumieu i	Liability Compa	пу			
The enclosed Articles of Organizati	on and fee(s) are sub-	mitted for filing				
Please return all correspondence co	ncerning this matter t	o the following:				
Rodney V A De			t out and one			
•	Na	me of Person				
Thoroughbred V	Vindows & D	oors, LL0	3			
	Fir	m/Company			¥	
3935 N Washing	iton Blvd				ALL!	-71
		Address	***************************************		五五	
Sarasota FL 3423	<b>A</b>				SSE SSE	IL EU
Garasota i E 0420		ate and Zip Code			THE TAX	
rodney@t-bred.com					LOR -	
E-mail a	ddress: (to be used for fi	uture annual repor	rt notification)		TOA	
For further information concerning	this matter, please cal	11:				
Rodney Dessberg	at	<u>.941</u>	359-2277			
Name of Person	u		& Daytime Telep	hone Number		
Enclosed is a check for the follow	wing amount:					
\$125.00 Filing Fee \$130.00 Certific	Filing Fee & cate of Status	\$155.00 Filing Certified Cop (additional copy	y	\$160.00 Filin Certificate of Certified Cop (additional copy	Status &	
Division P.O. Box	ion Section of Corporations	Registration Division of Clifton Bu 2661 Exec	of Corporations	ircle		

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

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The name of the Limited Liability Company is:

## Thoroughbred Windows & Doors, 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:		
3935 N Washington Blvd Sarasota FL 34234	3935 N Washington Blvd Sarasota FL 34234		
01201			
ARTICLE III - Registered Agent, Register (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 Rodney Dessberg	egistered Agent. You must designate an individual or anoth the registered agent are:	11 OCT	
Nar	me me		П
3935 N Washin	gton Blvd  address (P.O. Box NOT acceptable)	9	O
Florida street	address (P.O. Box NOT acceptable)		
Sarasota	<sub>FL</sub> 34234		
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



# **ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Rodney Dessberg 3935 N Washington Blvd. Sarasota FL 34234 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 10/24/2011 . (OPTIONAL) (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.) **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 argure 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.)

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)

Odna VA Dess berg Typed or printed name of signee