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(Re	questor's Name)	· · · ·
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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STRECTIVE DATE.

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12 MAR 12 MM 11: 32

SCOREDANT OF STANF

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Key Pus Viny Siding, 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:				
AMANDA Hobbs Fligh				
Key Plus Viny Siding, LLC Firm/Company				
5401 Pond VIEW DR				
Milton FC 32570				
E-mail addless: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
HMANDA H. Hugh at (850) 944. 7504 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & \$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:

	ey Plus Vi est end with the words "Limited Liab	ny Siding L pility Company, "L.L.C. or "LLG.")	LC
ARTICLE II - Ad The mailing addres		orincipal office of the Limited Liab	bility Company is
Principal Office A 5401 Pon YW 1 Hove 3	dVIEWDY 7C 2570	Mailing Address: 5401 Fond Vie Milton 72 32570	w Dr
(The Limited Liability Co business entity with an a	Impany cannot serve as its own Registration.) Florida street address of the Elizabet Name 7036 Pi Florida street ad Pensacola	th H. Stroud	Signature: 12 MAR 12 AN II: 32 SIGNATURE: 13 MAR 12 AN II: 32 SIGNATURE: 14 MAR 12 AN II: 32

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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 are true. I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signed

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)

constitutes a third degree felony as provided for in s.8/17.155, F.S.)