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EXAMINER

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Registration Section

COVER LETTER

Division of Corporations
SUBJECT: T5 FRAMING And Siding Concepts 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:
Thomas Snyder Name of Person
TS FRAMING And Siding Concepts LLC
2569 Portland St
SARASOFA F/ 3423/
SARASOFA F/ 3423/ City/State and Zip Code Snydertom 64 At Yahoo - Com 75 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Snyder at 941 592 - 2995 The Name of Person Area Code & Daytime Telephone Number To The Numbe
Enclosed is a check for the following amount:
\$125.00 Filing Fee \(\bigcup \) \$130.00 Filing Fee \(\& \) Certificate of Status \(\) (additional copy is enclosed) \(\bigcup \) \$160.00 Filing Fee, \(\) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

75 FRAMING And Siding Concepts LLC
(Must end with the words "Limited Liability Company. "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

2569 Portland Street 2569 Portland SARASOTA FI, 34231 SARASOTA FI, 34	1 stress 231	A
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:		is Migrifug.
Thomas Snyder 2569 Portland Street	RY DE STATE SEE, FLORID	LED
Florida street address (P.O. Box <u>NOT</u> acceptable) SARASOTA FL 34231 City, State, and Zip	A	

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 (KEOUIRED)

(CONTINUED)

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

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)