## #1/2000/10673

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
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K. SALY EXAMINER AUG 28 2012

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	CT: All	PhqZE wing	dow 3 gyffer ( d Liability Company	cleaning
The end	closed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please r	eturn all corresp	ondence concerning this matte	er to the following:	
_	Brie	in Foss TR		
•			Name of Person	
			Firm/Company	
_	128 cord	linal Ione	·	· · · · · · · · · · · · · · · · · · ·
			Address	
-	montiu	110 F 3234	/State and Zin Code	
_	Brianfs	S2agmaile C E-mail address: (to be used for	/State and Zip Code	
For furt	her information o	concerning this matter, please	call:	•
BC	on foss Name o	of Person	at (850) 491-2 Area Code & Daytime Telep	4 9 4 hone Number
Enclose	ed is a check fo	r the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 C Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I - Name:	Erra
The name of the Limited Liability Company is:	S-28-2012
All Phaze window & Gutter (Must end with the words "Limited Liability	2lewing L.L.C. y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
128 carding/ Lone	128 Cordinal Ine
monticulo El, 32344	monticello, Fl
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	
129 cadinal lan	ess (P.O. Box NOT acceptable)
montice 110 City, Stat	FL 32344 e, and Zip
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s)	or Managing	Member(s)	):
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The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	Brian Foss Jo 128 Cardinal Lone monticello FI
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	date of filing: \\\ \  \  \  \  \  \  \  \  \  \  \  \

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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.)

## 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)