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(Re	equestor's Name)	
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ANT AHASSEE, FLORIDI

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT: <u>E</u> +	5 Roofin		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
	ndence concerning this ma		
Edu	in ORti		
_ ~ 4 W	IN OKT	Name of Person	·
		Co. LLC Firm/Company	
	, Balm Ru		
	rVIEW F	-1, 33579 ty/State and Zip Code	·
	C.	ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further information co	oncerning this matter, pleas	e call:	
Santiago		_at (<u>13</u>) <u>381-</u> Area Code & Daytime Tel	97 29 enhone Number
Tunio or	1 013011	The ode a buyther re-	cp.ico.c . cambo.
Enclosed is a check for	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
E+S Roofing Co. L (Must end with the Words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12306 Balmonerview Rd. Riverview Fl. 33579	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the replacement of the Police American Am	— C
Florida street addre	ess (P.O. Box NOT acceptable)
City, State Having been named as registered agent and to ac	e, and Zip except service of process for the above stated limited is contilicate. I hardly account the appointment as

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)

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Edwin ORtiz 12306 Baimriverview Rd Riverview Fl. 33579
MGR	Santiago Leija 10824 Philip lane 91050nton Fl 33534
MGRM	10404 Zackery Circle Buserview FL 33578
(Use attachment if necessary)	
CLE V: Effective date, if other the	han the date of tiling: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other the	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business days prior
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sections of the constitutes an affirmation 1 am aware that any false)	member or an arthorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document are information submitted in a document to the Department of Statistics of efelony as provided for in s.817.155, F.S.)

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

\$125.00 Filing Fee for Articles of Organization and Designation

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