

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000063090 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please. \*\*

Email Address:

MAR 27 2013

T CLINE

## FLORIDA LIMITED LIABILITY CO.

Armor Home Exteriors, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

56

PAGE 01/05

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/19/2013

CT CORPORATION

8666336092

45:60 ET0Z/9Z/E0

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

Armor Home Exteriors, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2013 HAR 13 MY 8 43
SECRETARY OF STATE
AND SOFT FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/19/2013

ECW CK CK 00:00:40 01:2283 03:13 13:38

DATE, TIME TAX NG. / NAME DURATION PAGE(S) RESULT POOM

 ZEK'#:
 RECRESSES

 EF
 RECRESSES

 VX
 RECRESSES

 VVME
 CT COMPORATION

 LIME
 CX COMPORATION

 LIME
 NOS/13/2013 13:38

TRANSMISSION VERIFICATION REPORT

PAGE 05/05

CT CORPORATION

8666336892

ZE:50 ET0Z/9Z/E0

(850) 245-6051.

	COAR	RLETTER		
TO: Registration Division of C				
SUBJECT: Arm	nor Home Ex	xteriors, LLC		
	Name of Limit	ed Liability Company		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this man	er to the following:		
	Ber	nard M. Barbash		
		Name of Person	3	20131
		Firm/Company		
	1224	l Tillinghast Circle		
		Address	je.	nien nie 🏧
	Palm Bead	th Gardens, FL 33418	r ru ru	
	Cit	y/State and Zlp Code	C	:
		ash1@gmail.com		,, Ç
For further information	B-mail address: (to be used it			<del></del> -
Name	of Person	at () Area Code & Daytime Tele	phone Number	
Enclosed is a check for	or the following amount:			
ឋន125.00 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 of Certified Copy (additional copy is enclose	•

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 Tailahessee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Armor Home Exteriors, LLC			
(Must and with the words "Limits	nd Liability Company, "L.L.C.," or "L.C.")		
ARTICLE II - Address:			
The mailing address and street address of	f the principal office of the Limited Liability Comp	any is:	
Principal Office Address:	Mailing Address:		
12241 Tillinghast Circle	12241 Tillinghast Circle		
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418		
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address to Bernard M. Barbash  12241 Tillinghast Circle	Name  e  treet address (P.O. Box <u>NOT</u> acceptable)	ZUISHAR 13 AN 82 43 SEGRETARY OF STATE ALL ATTASSEC FLORIDA	pos (u

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)

Bernard M. Barbash

(CONTINUED)

Page 1 of 2

PAGE 03/05

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

MGR	Bernard M. Berbash	
	12241 Tillinghast Circle	
	Palm Beach Gerdens, FL 33418	
MGR	Edward Levine	SECRETA SECRETA
	P.O. Box 273	
	Teton Village, WY 83025	
MGR	Toby Tokes	- <del> </del>
	7936 Clover Creek Road	
	Maumee, OH 43537	
MGR	Brandon McDonald	TAIE 43
	358 N. Island Drive, #106	
	Memphis, TN 38103	
(Use attachment if necessar	v)	

**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 constitutes a third degree follow as provided for in s.817.155, F.S.)

Bemard M. Barbash

Typed or printed name of signee

Filing Poes:

\$125.00 Filing Fee for Articles of Organization and Designation of Rogistered Agent

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

Page 2 of 2

PAGE 04/05