

L14000019148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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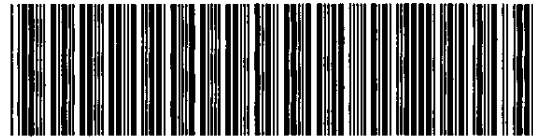
(Business Entity Name)

(Document Number)

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02/03/14--01032--006 **125.00

Effective Date

2/15/14

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2014 FEB -3 PM12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB -4 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DISCOUNT ROOF SERVICES 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:

NAME: B. HICKS

FIRM/COMPANY: BARBARA'S PERSONAL SERVICES, INC.

ADDRESS: 152 8TH AVENUE SW, SUITE 2A

CITY, STATE, ZIP: LARGO, FL 33770 TEL. 727. 559-8505

E-MAIL ADDRESS:
(to be used for future annual report notification)

For further information concerning this matter, please call:

NAME: B. HICKS TELEPHONE: 727. 559-8505

Enclosed is a check for the following amount: X \$125. Filing Fee \$130. Filing Fee & Certificate of
Status \$155. Filing Fee and Certified Copy (additional copy is enclosed)
 \$160. Filing Fee, Certificate of Staturs & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
POB 6327
Tallahassee, FL 32314

Street /Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Effective Date 2/15/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is:

DISCOUNT ROOF SERVICES LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II – Address:

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

Principal Office Address:

**5765 61ST STREET N
ST. PETERSBURG, FL 33709**

Mailing Address:

**5765 61ST STREET N
ST. PETERSBURG, FL 33709**

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

BRAD D. HICKS of Barbara's Personal Services, Inc.

Name

Suite 2 A

152 8th Avenue SW

Florida street address (PO Box NOT acceptable)

Largo, FL 33770

City, State, & Zip

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 605 F.S.

Brad D. Hicks

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address

MICHAEL SPANGLER = “MGRM”

**5765 61ST STREET N
ST. PETERSBURG, FL 33709**

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: **February 15, 2014.** (OPTIONAL)
(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.)

MICHAEL SPANGLER

Typed or printed name of signee

Filing Fees

- \$125.** Filing fee for Articles of Organization and Designation of Registered Agent
- \$30.** Certified Copy (Optional)
- \$ 5.** Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA