

L14000120832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

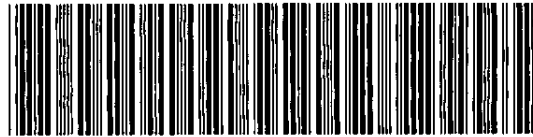
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Carigan AUG - 1 2014

## Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY

Burns Exterior Solutions  
LLC

FOR OFFICE USE ONLY

### PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

### FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 7/31/14 TIME \_\_\_\_\_

Notes: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# **ARTICLES OF ORGANIZATION FOR**

## **BURNS EXTERIOR SOLUTIONS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Chapter 605, hereby adopts the following Articles of Organization.

### **ARTICLE I: NAME**

The name of the company is **BURNS EXTERIOR SOLUTIONS, LLC**

### **ARTICLE II: PRINCIPAL OFFICE**

The principal office and mailing address of the company is **210 Summerwind Circle N., Crawfordville, FL 32327.**

### **ARTICLE III: MANAGERS**

The name and address of the initial Manager of the company is, **Mary J. Burns, Manager, 210 Summerwind Circle N., Crawfordville, FL 32327.**

## **ARTICLE IV: REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent of the company is **Jack Burns, 210 Summerwind Circle N., Crawfordville, FL 32327.**

The undersigned has executed these Articles of Organization this 31<sup>st</sup> day of July 2014.

"Advanced Incorporating Service, Inc. by, Weimar Lopez, Client Representative"

A handwritten signature in black ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

Authorized Representative

## **CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of section 605.0113, Florida Statutes, the  
aforementioned company, organized under the laws of the State of  
Florida, submits the following statement designating the Registered  
Agent and Registered Office, in the State of Florida.

**Name of the limited liability company:**

**BURNS EXTERIOR SOLUTIONS, LLC**

**Name and address of the Registered Agent and Registered  
Office:**

**Jack Burns**

**210 Summerwind Circle N., Crawfordville, FL 32327**

Having been named Registered Agent and to accept Service of  
Process for the aforementioned company at the designated  
place in this certificate, I hereby accept the appointment and  
agree to act in its capacity, I further agree, am familiar with and  
accept the obligations of my position as Registered Agent as  
provided for in Chapter 605, Florida Statutes.



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