## L15000021063

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALL A HASSEF FLORID.

T. HAMPTON

## COVER LETTER

	egistration Section livision of Corporations		
SUBJECT	F: Roof Matrix, LLC Name of Liv	nited Liability Company	
The enclos	sed Articles of Organization and fee(s) at	re submitted for filing.	
Please retu	irn all correspondence concerning this m	atter to the following:	
	Amos Borntreger	Name of Person	
	Roof Matrix, LLC	Firm/Company	
	2555 Porter Lake Dr., Suite 109	Address	· 
	Sarasota, Fl 34240	Sity/State and Zip Code	
	ce@RoofMatrix.com E-mail address: (to be used information concerning this matter, please	d for future annual report notifica	ition)
Amos Bo	rntreger at ( §  Name of Person		lephone Number
Enclosed i ☑ \$125.00 F	s a check for the following amount: iling Fee  \$\Begin{array}(130.00 \text{ 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Roof Matrix, LLC	
(Must end with the words "Limit	red Liability Company, "L.L.C.," or "LLC.")
·	·
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2555 Porter Lake Dr	2555 Porter Lake Dr
Suite 109	Suite 109
Sarasota, FL 34240	Sarasota, Fl 34240
The name and the Florida street address of the register  Amos Borntreger	
Nat	me
2555 Porter Lake Dr Suite	109
Florida street address (P.O. E	Box NOT acceptable)
Sarasota	FL 34240
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company at sept the appointment as registered agent and agree to act in this ns of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S

(CONTINUED)

Page 1 of 2



Γitle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Dry Gulch, LLC
	2555 Porter Lake Dr. Suite 109
	Sarasota, FL 34240
,	
<del></del>	
•	
1 112	
Use attachment if necessary)	
	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90
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VI: Other provisions, if any.  REQUIRED SIGNATURES	and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE  Signature of a membe (In accordance with section 605,02)	r or an authorized representative of a member.  03 (1) (b), Florida Statutes, the execution of this document
Signature of a membe (In accordance with section 605.02) constitutes an affirmation under the	r or an authorized representative of a member.  03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE  Signature of a membe  (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic	r or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State
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Page 2 of 2

