## L15000021080

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
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(D	ocument Number)	
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SECKETARY OF STATE
ANALYSISSE FI ORID.

FFB - 4 2915

T. HAMPTON

## **COVER LETTER**

TO: « Registration Section Division of Corporations	• •	
SUBJECT: Ridge Masters Roofing, LLC Name of Li	mited Liability Company	<u> </u>
The enclosed Articles of Organization and fee(s) a	_	
Please return all correspondence concerning this n	natter to the following:	
Christopher Sorg	Name of Person	
Ridge Masters Roofing, LLC	F://	
•	Firm/Company	
3800 Shadowind Way	Address	
	Addless	
Gotha, FL, 34734	City/State and Zip Code	
ridgemastersroofing@yahoo.com E-mail address: (to be use	•	ation)
For further information concerning this matter, ple	ease call:	
Christopher Sorg at ( Name of Person	352 ) 396-2634 Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{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)
Malling Address Registration Section Division of Corporations	Street/Courier Add Registration Section Division of Corpora	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Ridge Masters Roofing, LLC (Must end with the words "Limited	Liability Company, "L.L.C.,"	or "LLC.")
,	Diability Company, 2.2.C.,	or buc, y
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability (	Company is:
Principal Office Address:	Mailing Address:	
3800 Shadowind Way	3800 Shadowind Way	
Gotha, FL 34734	Gotha, FL 34734	<del></del>
ADTICLE III Desistend Agent Desistend Office	P. Danistana d Annual Simus	
ARTICLE III - Registered Agent, Registered Office, or The Limited Liability Company cannot serve as its own mother business entity with an active Florida registration.	Registered Agent. You must o	
The name and the Florida street address of the registered	agent are:	
Christopher Sorg		-
Name		
3800 Shadowind Way		
Florida street address (P.O. Box	<del></del> • ·	
Gotha	FL 34734 Zip	-
City	Zıp	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the object of the complex of	t the appointment as registered of all statutes relating to the principal statutes of my position as register 605, F.S	l agent and agree to act in this coper and complete performance
(CONTINU	ED)	FAC =
Page 1 of 2		

15 JAN 27 PH 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MBR	Christopher S Sorg
	3800 Shadowind Way
	Gotha, FL 34734
MBR	Elizabeth M Sorg
	3800 Shadowind Way
	Gotha, FL 34734
	**************************************
V: Effective date, if other than the da	te of filing: <u>01/26/2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be stilling.)  VI: Other provisions, if any.	te of filing: <u>01/26/2015</u> . (OPTIONAL)  Specific and cannot be more than five business days prior to or 90
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\$ 5.00 Certificate of Status (Optional)

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