## L15000024829

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
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245-7035

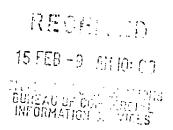
FEB 1 0 2015

T. HAMPTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations		•
SUBJE	CT: <u>Installations by Durham, LLC</u> Name of Lii	mited Liability Company	
The end	losed Articles of Organization and fee(s) a	re submitted for filing.	
Please r	eturn all correspondence concerning this m	natter to the following:	
	Trent Durham	Name of Person	
	Installations by Durham, LLC	Firm/Company	
	8620 NW 13th Street, Lot 452	Address	
	Gainesville, FL 32653	City/State and Zip Code	
<u>sq</u> ı	ualitylawn@gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For furt	ner information concerning this matter, plea	ase call:	
Trent [	Ourham at (at (at (at (at (	352 ) 284-6164 Area Code Daytime Tel	ephone Number
Enclose	d is a check for the following amount:		
☑ \$125.00	Filing Fee \$\frac{\sum \$\\$130.00 \text{ 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle





January 30, 2015

TRENT DURHAM 8620 NW 13TH ST LOT 452 GAINESVILLE, FL 32653

SUBJECT: DURHAM'S INSTALLATIONS, LLC

Ref. Number: W15000007035

We have received your document for DURHAM'S INSTALLATIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 915A00001965

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Installations by Durham, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
rincipal Office Address:	Mailing Address:
3620 NW 13th Street, Lot 452 Gainesville, FL 32653	8620 NW 13th Street, Lot 452 Gainesville, FL 32653
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own R mother business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Victoria Jansen	
Name	
9034 SW 104 Terrace	
Florida street address (P.O. Box	NOT acceptable)
Gainesville	FL 32608
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the object.	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r601, F.S
(CONTINUE	רט

Page 1 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	<del></del>
MGR" = Manager	
MGR	Trent Durham
	8620 NW 13th Street, Lot 452
	Gainesville, FL 32653
V: Effective date, if other than the da	te of filing: (OPTIONAL)
tive date is listed, the date must be s filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dative date is listed, the date must be filling.)  VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the dative date is listed, the date must be sfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a material (In accordance with section of constitutes an affirmation unline amaware that any false info	nember or an authorized representative of a member.
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Page 2 of 2

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AND ASSECT FLORIDA