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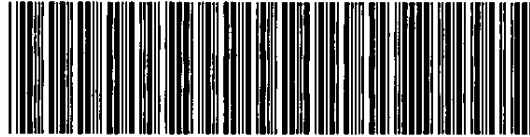
(Business Entity Name)

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15 MAR 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUDSON'S ROOFING 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:

CODY J. HUDSON
Name of Person

Firm/Company

1 GATESHEAD DR UNIT 105
Address

DUNEDIN, FL 34698
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN W. HUDSON at (727) 453-8324
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
FOR**

**HUDSON'S ROOFING LLC, a
Florida Limited Liability Company**

FILED
15 MAR 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS HUDSON'S ROOFING LLC.

ARTICLE II ADDRESS

THE MAILING ADDRESS AND STREET NUMBER OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS 1 GATESHEAD DRIVE UNIT 105 DUNEDIN, FL. 34698

ARTICLE III DURATION

THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY SHALL BE:

THE DURATION FOR THE LIMITED LIABILITY COMPANY SHALL BE PERPETUAL,
SUBJECT TO EARLIER DISSOLUTION UPON THE OCCURRENCE OF ANY OF THE
FOLLOWING EVENTS:

- (A) BY THE UNANIMOUS WRITTEN AGREEMENT OF ALL MEMBERS; OR
- (B) UPON THE DEATH, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY, OR
DISSOLUTION OF A MEMBER; OR,
- (C) AS OTHERWISE PROVIDED BY LAW

ARTICLE IV REGISTERED AGENT REGISTERED OFFICE

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

JOHN W. HUTCHISON
1 GATESHEAD DR UNIT 105
DUNEDIN, FL. 34698

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THE 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.

 3/24/15
JOHN W. HUTCHISON
REGISTERED AGENT

ARTICLE V MANAGE AND CONTROL

THE NAME AND ADDRESS OF EACH PERSON AUTHORIZED TO MANAGE AND CONTROL THE LIMITED LIABILITY COMPANY

TITLE	NAME AND ADDRESS
AMBR	CODY J. HUDSON 1 GATESHEAD DR UNIT 105 DUNEDIN, FL. 34698

TITLE	NAME AND ADDRESS
AMBR	IYAN D.A. SMITH 4039 ATHENS AVE. NEW PORT RICHEY, FL. 34652

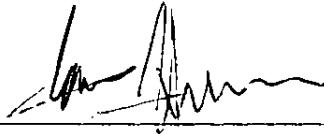
ARTICLE VI EFFECTIVE DATE

THE EFFECTIVE DATE SHALL BE WHEN FILED

ARTICLE VII REQUIRED SIGNATURE

IN ACCORDANCE WITH SECTION 605.0203 (1) (b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER THE PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE. I AM AWARE THAT ANY FALSE INFORMATION SUBMITTED IN A DOCUMENT TO THE DEPARTMENT OF STATE CONSTITUTES A THIRD DEGREE FELONY AS PROVIDED FOR IN s.817.155, F.S.

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TALLAHASSEE, FLORIDA



CODY J HUDSON

3/24/15



IYAN D.A. SMITH

3/24/15

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