# L15000135874

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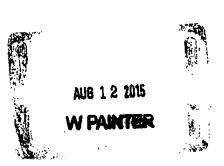
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Coast Seamless Gutters 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:
Joseph Flynn Name of Person
Florida Coast Seamless Gutters LCC. Firm/Company
967 Vantage st. SE Address
Palm Bay, FL 32909  City/State and Zip Code  CFLY 0 423 Q amail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Flynn at 813 857-0454 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\begin{align*} \Boxed{\text{\$130.00 Filing Fee & Certificate of Status}} & \Boxed{\text{\$\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)}} & \begin{align*} \text{\$

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 Tailahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Florida Coast Seam (Must end with the words "Limited Lia	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
967 Vantage st. SE Palm Bay, PL 32909	967 Vantage st. SE Palm Bay, FZ 32909
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	ent are:
Joseph Flo	ınn
* Name	•
Florida street address (P.O. Box No.	3. S. E. D. Tacceptable)
Palm Bay	FL 32909
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of at of my duties, and I am familiar with and accept the obligated Chapter 6	e appointment as registered agent and agree to act in this Il statutes relating to the proper and complete performance tions of my position as registered agent as provided for in
Registered Agent's Signature	(REQUIRED)
	The state of
(CONTINUED)	
Page 1 of 2	ASSEE FLORIDA

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Joseph Flynn 967 Vantage st. SE Palm Bay, FL 32909
EV: Effective date, if other than t	he date of filing:
EV: Effective date, if other than to ctive date is listed, the date mus filling.) EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than to ctive date is listed, the date mus filling.) EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than to ective date is listed, the date must filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the ection of the	of a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmatic I am aware that any false)	It be specific and cannot be more than five business days prior to or 9  July 1  If a member or an authorized representative of a member.  It ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State