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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
_		_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	1
Special instructions to	r illing Officer.	





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12/11/15--01005--002 **125.00

EFFECTIVE DATE

ROS HERNOSS TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED DEPARTMENT OF STATE

SECHENAL OF SIM

AH 9: 34



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: E.J. FRAME & TRIM 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:
FRNEST H Jones Name of Person
Firm/Company
9733 SIVAIL ST
Address
Tall F/A, 32305 City/State and Zip Code ERNET Jorges 59,30 agmail, com E-mail address: (to be used for litture annual apport notification)
For further information concerning this matter, please call: EDNEST H Jones
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMI	ITED LIABILITY COMPANY	APPROVEL APPROVEL
ARTICLE I - Name: The name of the Limited Liability Company is:		15 DEC // AM 9:39
E.J. FRAME & TR/m 1 Must end with the words "Limited Liability Com		SECREMAN DE STATE LORING
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:	uaië
Principal Office Address: 9733 SNAPL ST.	Mailing Address	
1011 FIA 32303		CERTATIVE DATE

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

PRINEST H. Jones

Name

9733 SNail ST

Florida street address (P.O. Box NOT acceptable)

Tall F/A 32305

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this 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..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member ("MGR" = Manager)	
	ERNEST H. Jones
	9733 SNAIL ST FAIL FIA 323
	•
(Use attachment if necessary)	1-1-110
CLE V: Effective date, if other than the date	
CLE V: Effective date, if other than the date effective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
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