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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Central Florida Roofing & Co	nstruction LLC	
SUBJECT		e of Limited Liability Co	ompany
The enclose	d Articles of Organization and f	ee(s) are submitted for fi	ling.
Please retur	n all correspondence concerning	this matter to the follow	ring:
	Matthew Brown		
		Name of Perso	on
		Firm/Compan	v
	747 Sunrise Dr	22 50,1,74	,
		Address	
	Eustis FL 32726		
s	unsetconsulting1@gmail.com	City/State and Zip	Code
_	E-mail address: (to	be used for future annua	report notification)
For further in	formation concerning this matte	r, please call:	
I	Matthew Brown		1-9229
-	Name of Person		nytime Telephone Number
Enclosed is	a check for the following amoun	nt:	
\$125,00 Fil	ing Fee S130.00 Filing F Certificate of St		Py Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Divis Clifte	et Address Filing Section ion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Central Florida Roofing & Construction LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	`the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	
Principal Office Address: 747 Sunrise dr Eustis fl 32726	Mailing Address: 747 sunrise dr Fustis fl 32726

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

Sunset Hill Consulting LLC Name 44138 W lake dr Florida street address (P.O. Box NOT acceptable) Deland 32720 State City 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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

		Name and Address:
	Authorized Member	
"MGR" = M MGR		Matthew Brown
WICK		747 Sunrise dr
		Eustis FL 32726
4450		M 111 7
AMBR		Matthew Rown
•		191 SUPPLISE DI
		EUSTIS FL 52726
		19101
		- Company
	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
LEV: Effecti		te of filing: 3/28/16 (OPTIONAL)
LE V: Effective date is of filing.) f the date insoment's effective.	ve date, if other than the dat listed, the date must be s	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
LE V: Effective date is of filing.) f the date insoment's effect. LE VI: Other	ve date, if other than the date listed, the date must be someted in this block does not ive date on the Department provisions, if any.	meet the applicable statutory filing requirements, this date will not be at of State's records.
LE V: Effective date is of filing.) f the date insoment's effect. LE VI: Other	ve date, if other than the date listed, the date must be surted in this block does not live date on the Department provisions, if any. 2 SIGNATURE:	meet the applicable statutory filing requirements, this date will not be tof State's records.
LE V: Effective date is of filing.) f the date insoment's effect. LE VI: Other	ve date, if other than the date listed, the date must be surted in this block does not ive date on the Department provisions, if any. Signature of a man This document is exect a man aware that any fall.	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be tof State's records.
LE V: Effective date is of filing.) f the date insoment's effect. LE VI: Other	ve date, if other than the date listed, the date must be surted in this block does not ive date on the Department provisions, if any. Signature of a man This document is exect a man aware that any fall.	meet the applicable statutory filing requirements, this date will not be at of State's records. May be member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)