L16000/05225

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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SECTION AND STATE

a 06/01/16

COVER LETTER

TO:	Registration Section Division of Corporations	
GUD ID	C & S Garage Doors, LLC	
SUBJE	Name of Limited Liability Company	
The enc	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Daniel Canaday	
	Name of Person	_
	C & S Garage Doors, LLC	
	Firm/Company	-
	11437 Hummingbird Lane	
	Address	_
	Glen St. Mary, FL 32040	
	City/State and Zip Code	_
	E-mail address: (to be used for future annual report notification)	_
For furthe	er information concerning this matter, please call:	
	Daniel Canaday 904 505-7155	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
] \$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
C & S Garage Doors, LLC (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11437 Hummingbird Lane	11437 Hummingbird Lane
Glen St. Mary, FL 32040	Glen St. Mary, FL 32040
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registent another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	tered Agent. You must designate an individual or
Daniel Canaday Nam	ne
· · · · · · · · · · · · · · · · · · ·	

11437 Hummingbird Lane

City

Glen St. Mary

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 pegistered agent as provided for in Chapter 605, F.S.

State

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

Registered Agent's Signature (REQUIRED)

32040

Zip

(CONTINUED)

Page 1 of 2

	tle:	Name and Address:
	AMBR" = Authorized Mem	er
	MGR" = Manager MBR	Daniel Canaday
<u></u>		11437 Hummingbird Lane
		Glen St. Mary, FL 32040
Δ.	MBR	Nicholas Sands
<u> </u>	WIDK	11437 Hummingbird Lane
		Glen St. Mary, FL 32040
M	CP	Katie Crews
101	GR	11437 Hummingbird Lane
		Glen St. Mary, FL 32040
_		
(U	se attachment if necessary	
`	• ′	
ARTICLE '	V: Effective date, if other the	in the date of filing: (OPTIONAL)
		ust be specific and cannot be more than five business days prior to or 90 days after
the date of i	filing.)	de contra de la constitución de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la
		does not meet the applicable statutory filing requirements, this date will not be listed appartment of State's records.
me docume	ant's effective date on the L	partition of state's records.
ARTICLE'	VI: Other provisions, if any	
	· · · · · · · · · · · · · · · · · · ·	
RI	EOUIRED SIGNATURE	
_		
		re of a member or an authorized representative of a member.
		t is executed in accordance with section 605.0203 (1) (b), Florida Statutes. t any false information submitted in a document to the Department of State
		any taise information submitted in a document to the Department of State
	Danie	Canaday
	Danie	Typed or printed name of signee
•		
	1125 00 PW. T. 6	Filing Fees:
3	145.UU FIIING Fee for Art	cles of Organization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2

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