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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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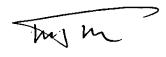
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SECRUTARY OF STATE
TALL AND SKEEL FLORID



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Adams 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:	
Kevin Adams Name of Person	
Adams Roofing LLC Firm/Company	
P.O. BOX 560344 Address	
Montverde, FL 34756 City/State and Zip Code Kevin. Adams. acom a gmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	C C
Kevin Adams at 352 638-5217 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$\$125.00 Filing Fee \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)}	PEATE
Mailing Address Street Address	

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

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:		
Adams Roofing LLC (Must end with the words "Limited Liability 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: 17243 9th Street Montverde, FL 34756 Mailing Address: P.D. BOX 560344 Montverde, FL 34756	<u> </u>	
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 another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: Kevin Adams	ty. I	
Registered Agent's Signature (REQUIRED)	16	
(CONTINUED) Page 1 of 2	JUN 24 AN	CRETARY OF
	8:21	STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Kevin Adams P.O. Box 560344 Montyerde, PL 34756		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific an the date of filing.) Note: If the date inserted in this block does not meet the the document's effective date on the Department of State' ARTICLE VI: Other provisions, if any.	d cannot be more than five business days prior to of applicable statutory filing requirements, this date will		•
REOUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.		-,-
This document is executed in ac I am aware that any false information	scordance with section 605.0203 (1) (b), Florida Statutation submitted in a document to the Department of Status provided for in s.817.155, F.S.		
hevin Typed	d or printed name of signee	16	SE IAL
\$125.00 Filing Fee for Articles of Organizati \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: ion and Designation of Registered Agent	JUN 24 AM	CRETARY OF
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-