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DEPARTMENT OF SIXI

16 BCT -4 FN 3-33

C. GOLDEN OCT - 4 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 317178 8112019 AUTHORIZATION : ( \$ 125.00 COST LIMIT : ORDER DATE: October 4, 2016

ORDER TIME: 12:35 PM

ORDER NO. : 317178-005

CUSTOMER NO: 8112019

# DOMESTIC FILING

ECO-LOGICAL ROOFING, LLC

# EFFECTIVE DATE: ARTICLES OF INCORPORATION \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS:

## COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	Eco-Logical Roofing, LLC	•	
SUBJECT		Limited Liability Company	
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	urn all correspondence concerning this	matter to the following:	
	Jo	orge J. Echeandía González	
		Name of Person	
		Eco-Logical Roofing, LLC	
	N	Firm/Company	
		830 Moonlift Ln.	
		Address	
		Caselberry, FL, 32707	
	j.	City/State and Zip Code echeandia@ecologicalpr.com	
	<del> </del>	ed for future annual report notification)	
For further i	nformation concerning this matter, ple	ase call:	
	Jorge J. Echeandía González	787 458-1895	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	s a check for the following amount:		
\$125.00 F		\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate 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	16 001 -6 FN 3-33

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

16 OUT - 1: FH 3: 33

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Eco-Logical 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:

<u>Princip</u>	al Office Address:		Mailing Address:
830 Moonlift Ln. Casselberry, FL 3	2707		830 Moonlift Ln. Casselberry, FL 32707
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registratio	Registered Ag	Agent's Signature: gent. You must designate an individual or
	Corporation Service	Company	
		Name	
	1201 Hays Street Florida street address	(P.O. Box N	OT accentable)
	r fortua street nautes:	(1 .O. Bux <u>A</u>	or acceptable)
	Tallahassee, FL 3230	1	1.00
	City	State	7in

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..

Corporation Service Company

By:

Registered Agent's Signature (REQUIRED) Asst. Vice President

(CONTINUED)

Page 1 of 2

Title: "AMBR" = A	uthorized Member	Name and Address:	
"MGR" = Ma			
MGR		Jorge J. Echeandía González	
		La Villa de Torrimar, Rey Luis Street, 433	
		Guaynabo, PR 00969	
AMBR		Ricardo Levy Echeandía	
		Garden Hills, Palos Grandes Street, S-3	
		Guaynabo, PR, 00966	
			<del></del>
	<del></del>		
			<del></del>
(Use attachme	nt if necessary)		
E.V. Effective	date if other than the date of	of filing: (OPTIONA	<b>!</b> )
E VI: Other pr	e date on the Department o	neet the applicable statutory filing requirements, this date of State's records.	
E VI: Other pr	ovisions, if any.	of State's records.	
E VI: Other pr	ovisions, if any.	of State's records.	
E VI: Other pr	SIGNATURE:  Signature of a mer This document is execute I am aware that any false		tatutes.
E VI: Other pr	SIGNATURE:  Signature of a mer This document is execute I am aware that any false	mbetor an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida St information submitted in a document to the Department of	tatutes.
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REQUIRED  \$125.00 Fili \$ 30.00 Cer	SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree  ang Fee for Articles of Orgetified Copy (Optional)	mbet or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida St information submitted in a document to the Department of felony as provided for in s.817.155, F.S.  Jorge J. Echeandía González  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	tatutes.
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