

L17000080691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

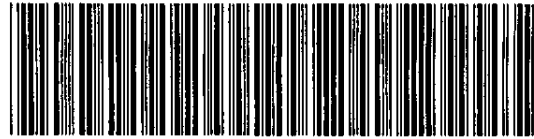
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APR 11 2017



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15 DEC 19 AM 11:18
REGISTRATION DIV
TALLAHASSEE, FL 32310

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONSUMER 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:

ALAN G CITRO

Name of Person

Firm/Company

715 N19th Place, Unit 45

Address

Cape Coral, FL 33909

City/State and Zip Code

amanda@cri.comcastbiz.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Strong 239 910-5187

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

FILED
16 DEC 19 AM 11:13
TALLAHASSEE, FL
#5A

April 7, 2017

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

Re: CONSUMER ROOFING, LLC: W16000084728

To Whom It May Concern:


I am writing in reference to rejected filing number W16000084728, as submitted to the Secretary of State on behalf of "Consumer Roofing, LLC."

I have concluded the reason for the Secretary of State's rejection is due to the filing's similarity to a preexisting named corporation, "Consumer Roofing, Inc."

As the President, Secretary, Treasurer and Director of "Consumer Roofing, Inc.," I, Alan G. Citro, hereby grant permission and consent for "Consumer Roofing, LLC" to use the same or similar name, and authorize the Florida Secretary of State to accept the enclosed Articles of Organization from "Consumer Roofing, LLC" for filing.

With the previously rejected filings, "Consumer Roofing, LLC" had enclosed a check in the amount of \$130 00 for filing of the enclosed Articles and the issuance of a Certificate of Status to the email address provided therein, please apply the previously submitted check to this request. If you have any questions or concerns, please feel free to contact the Manager of Consumer Roofing, LLC, Amanda Strong.

Sincerely,


Alan G. Citro, PTSD
Consumer Roofing, Inc.

Enclosures:
Articles of Organization- Consumer Roofing, LLC

Division of Corporations

December 20, 2016

ALAN G CITRO
715 N 19TH PLACE
CAPE CORAL, FL 33909

17 APR 11 AM 9:15

SUBJECT: CONSUMER ROOFING, LLC
Ref. Number: W16000084728

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
INFORMATION SERVICES

? Money

We have received your document for CONSUMER ROOFING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

P98000084925

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 616A00026951

FILED
16 DEC 19 PM 11:13

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Consumer Roofing, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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16 DEC 19 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

715 NE 19th Place
Unit 45
Cape Coral, FL 33909

715 NE 19th Place
Unit 45
Cape Coral, FL 33909

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.)

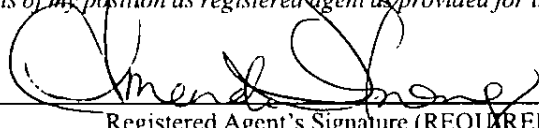
The name and the Florida street address of the registered agent are:

Amanda Strong
Name

715 NE 19th Place, Unit 45
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33909
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Amanda Strong

715 NE 19th Place, Unit 45

Cape Coral, FL 33909

(Use attachment if necessary)

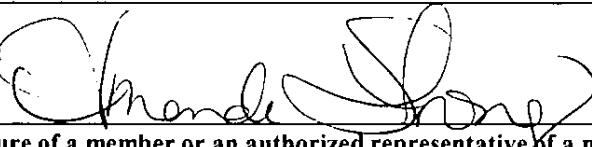
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Amanda Strong, MGR

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
16 DEC 19 AM 11:14
STATE OF FLORIDA
DEPARTMENT OF STATE