

L17000261 988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

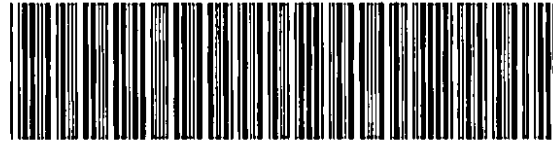
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 DEC 26 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE

DEC 27 2017

December 13, 2017

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee FL 32314

Re: SOUTHERN WINDOW DESIGN, LLC

To whom it may concern:

Please be advised that I, Gregory T Leonard, have no plans to reinstate this company but would like the Articles of Organization processed on as soon as possible. I understand the effective date will be for year 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 407-489-6001.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gregory T Leonard', written in a cursive style.

Gregory T Leonard
GTLEONARD2@GMAIL.COM
407-489-6001

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SOUTHERN WINDOW DESIGN, 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:

GREGORY T LEONARD

Name of Person

SOUTHERN WINDOW DESIGN LLC

Firm/Company

2233 W FAIRBANKS AVE

Address

WINTER PARK FL 32789

City/State and Zip Code

GTLEONARD2@GMAIL.COM

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

For further information concerning this matter, please call:

GREGORY T LEONARD 407 489-6001

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN WINDOW DESIGN, LLC

(Must contain 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:

2233 W FAIRBANKS AVE
WINTER PARK FL 32789

Mailing Address:

2233 W FAIRBANKS AVE
WINTER PARK FL 32789

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:

ANTHONY G COLEMAN

Name

4171 W HILLSBORO BLVD, STE 8

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

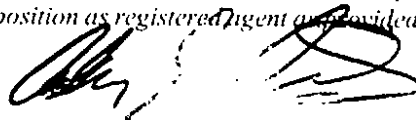
COCONUT CREEK FL 33073

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

GREGORY T LEONARD

2233 W FAIRBANKS AVE

WINTER PARK FL 32789

(Use attachment if necessary)

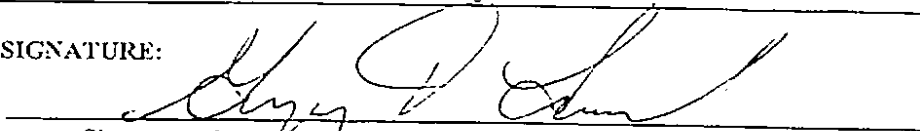
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

GREGORY T LEONARD

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA